APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A COMMUNITY PHARMACY

INSTRUCTIONS

As per Section 139 of the Drug and Pharmacies Regulation Act (DPRA), no person (corporations) shall operate a pharmacy unless a certificate of accreditation has been issued in respect thereof.

Step 1: Select Application Type & Fees
Select which type of application you are submitting and identify the associated fees and sections of the application you are required to complete (Page 1).

Step 2: Complete all sections as required based on your type of application

Step 3: Enclose a copy of the Articles of Incorporation for the operating corporation
Articles of Incorporation are only required if the corporation applying to establish and operate the pharmacy has never owned/operated an accredited pharmacy in Ontario

Step 4: Enclose a copy of the Share Certificates issued by the operating corporation
Share Certificates are only required if the corporation applying to establish and operate the pharmacy has never owned/operated an accredited pharmacy in Ontario ***or*** if the corporation was issued a certificate of accreditation previously and the share structure has since been amended.

Step 5: Enclose a copy of a Corporation Profile Report and/or amending Articles for the operating corporation
A Corporation Profile Report, issued by the Ministry of Public and Business Service Delivery and Procurement and dated not more than **30 days** before this application is submitted, and/or amending Articles are required upon request or if information contained in the Articles of Incorporation has been amended since the incorporation date. This includes changes to the name, address and directors of the corporation. If amalgamating, Articles of Amalgamation must be submitted in order for a certificate of accreditation to be issued.

A Corporation Profile Report can be obtained through one of the Ministry's service provider websites:

- OnCorpDirect Inc. www.oncorp.com
- eservicecorp https://www.eservicecorp.ca/

Or contact the Ministry directly at: Ministry of Public and Business Service Delivery and Procurement, 777 Bay St. 5th floor, Toronto, M7A 2J3.

Step 6: Enclose a pharmacy floor plan
A pharmacy floor plan is required for all application types and must provide the following details:

- Total square footage of area to be accredited - if the pharmacy is part of a larger area, clearly delineate the pharmacy portion and identify how the accredited area is kept secure/physically separate from the non-accredited area
- Total square footage of dispensary (area behind the counter)
- Location of required two sinks in the dispensary (if the pharmacy does Level B or C compounding you must also show the additional sink in the compounding room)
- Location of acoustically private consultation room or area
- Location of compounding area(s) and C-PEC (hood) if any – if the pharmacy will not be providing compounding services, please indicate "no compounding" on the floor plan

Step 7: Enclose Payment
Fees may be submitted by credit card or by cheque payable to the Ontario College of Pharmacists.

Step 8: Submit Application for Certificate of Accreditation as a Community Pharmacy
If paying by credit card, you may submit your completed application to the College by scanning and emailing the application form and all supporting documentation to the attention of Pharmacy Applications & Renewals at pharmacyapplications@ocpinfo.com or fax to 416-847-8399.

If paying by cheque, mail your completed application form and all supporting documentation to:

Ontario College of Pharmacists
Pharmacy Applications & Renewals
483 Huron Street, Toronto, ON M5R 2R4

IMPORTANT NOTE: The College evaluates each person who is an applicant based on the criteria set out in Part III of the Regulations under the Drug and Pharmacies Regulation Act including an assessment to determine if past and present conduct of the proposed owner(s) affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law. The College will take whatever time is necessary to complete this assessment. Application processing time varies and your proposed date of opening is subject to change. Incomplete applications will also not be accepted.

CHECKLIST

❑ **1.** Complete Application for Certificate of Accreditation as a Community Pharmacy. S***ubmit only the required section.***
❑ 2. Copy of the Articles of Incorporation ***(If required)***
❑ 3. Copy of the Corporate Share Certificates ***(If required)***
❑ **4.** Corporation Profile Report or amending Articles ***(If required)***
❑ **5.** Pharmacy floor plan
❑ **6.** Payment

Non-Sterile Compounding Checklist

This list is only meant as a guide and is not exhaustive. Please refer to the NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations. The standards are accompanied by a Guidance Document for Pharmacy Compounding of Non-Sterile Preparations ("GD") for complete details.

The requirements can be found in the NAPRA Guidance Document for Pharmacy Compounding of Non-sterile Preparations ("Guidance Document" or GD)

Facilities for level A non-sterile compounding

- ❑ Separate space designated for compounding (GD 8.1)
- ❑ Sink with clean water supply, with hot and cold running water close to the compounding area (GD 5.4.1.4)

Facilities for Level B non-sterile compounding

- ❑ Physically separated room dedicated to compounding (GD 8.2)
- ❑ May require a ventilated containment device when small quantities of ingredients or preparations that require ventilation are compounded occasionally, including certain powders, aromatic products, or hazardous products (GD 8.2). Room must be well-ventilated (GD 8.2)
- ❑ The C-PEC is installed in the compounding room and should either be externally vented (the preferred option) or have redundant HEPA filters in a series. (GD 9.2.1)
- ❑ Larger workspace and greater protection from cross-contamination (GD 8.2)
- ❑ Sink with clean water supply, with hot and cold running water inside the compounding room, at least 1 meter away from any C-PEC (GD-5.4.1.4)
- ❑ Eyewash station and/or any other emergency or safety equipment as required (GD 9.1.1)
- ❑ Work surfaces and furniture, as well as floor and wall surfaces, must be designed to facilitate repeated cleaning (section GD-5.4.1.5). Work surfaces and furniture should be constructed of smooth, impervious, and non-porous materials, preferably stainless steel.
- ❑ If hazardous drugs or materials are being handled, the surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the non-sterile compounding area should be smooth, impermeable, free from cracks and crevices, and made of non-shedding material. (GD 9.1.1)

Facilities for Level C non-sterile compounding

- ❑ Physically separated room dedicated to compounding (GD 9.1.1)
- ❑ Sink with clean water supply, with hot and cold running water inside the compounding room, at least 1 meter away from any C-PEC (GD-5.4.1.4)
- ❑ The C-PEC is installed in the compounding room and should either be externally vented (the preferred option) or have redundant HEPA filters in a series. (GD 9.2.1)
- ❑ Well-ventilated room with external venting through HEPA filtration (GD 9.1.1)
- ❑ Well-ventilated room with appropriate air exchange (at least 12 ACPH) and negative pressure (at least -2.5Pa) relative to surrounding rooms (GD 9.1.1)
- ❑ Appropriate containment device (C-PEC) (GD 9.1.1)
- ❑ Eyewash station and any other emergency or safety equipment required (GD 9.1.1)
- ❑ Must be constructed with smooth impermeable surfaces (e.g., ceilings, walls, floors, fixtures, shelving, counters, and cabinets) to promote adequate cleaning and decontamination (GD 9.1.1)
- ❑ The heating, ventilation and air conditioning system must be constructed to prevent contamination of the areas surrounding the compounding room and to ensure the comfort of personnel wearing PPE (GD 9.1.2)
- ❑ The negative pressure of the controlled room (C-SEC) should be maintained and measured continuously, and an alarm system should be in place to immediately advise personnel of non-compliance. (GD 9.6.3)
- ❑ Windows and other openings must not lead directly outside or to a non-controlled area (other than the doors designated for accessing the room). (GD 9.1.3)
- ❑ Hazardous products must be stored in a room with appropriate ventilation (GD 9.1.5)

Application Type & Fees

A complete application must be submitted to Pharmacy Applications and Renewals prior to any construction and at **least 45 days prior to the planned transaction**.

Payment submitted with an application is composed of two fees: the application fee and the issuance fee. The application fee is based on the year the application is received by the College while the issuance fee is determined by the proposed opening/transaction date. If the proposed date falls in a new year, applicants must submit the issuance fee associated with the new year.

Refer to the Schedule of Fees: https://ocpinfo.com/wp-content/uploads/2025/05/schedule-of-fees.pdf

Application Type	Complete each application section as required														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
❑ **Opening a Pharmacy**															
❑ Opening Date between May 10th and Nov 9th Fee: line 26 & line 28	✓	✓	✓				✓	✓	✓	✓		✓			✓
❑ Opening Date between Nov 10th and May 9th Fee: line 26 & line 29	✓	✓	✓				✓	✓	✓	✓		✓			✓
❑ Pharmacy will operate a Remote Dispensing Location Additional fee: line 31												✓	✓		✓
❑ Pharmacy will operate a Lock and Leave Additional fee: no additional fee														✓	
❑ **Purchasing a Pharmacy** Fee: line 26 & line 30	✓	✓		✓			✓	✓	✓	✓	✓	✓			✓
❑ Pharmacy will operate a Remote Dispensing Location Additional fee: line 32 + line 33												✓	✓		✓
❑ Pharmacy will operate a Lock and Leave Additional fee: no additional fee														✓	
❑ **Amalgamation** Fee: line 26 & line 30	✓	✓				✓	✓	✓	✓	✓	✓	✓			✓
❑ Pharmacy will operate a Remote Dispensing Location Additional fee: line 32 + line 33												✓	✓		✓
❑ Pharmacy will operate a Lock and Leave Additional fee: no additional fee														✓	
❑ **Relocating a Pharmacy** Fee: line 26 & line 30	✓	✓			✓		✓	✓	✓	✓	✓	✓			✓
❑ Pharmacy will operate a Remote Dispensing Location Additional fee: line 32 + line 33												✓	✓		✓
❑ Pharmacy will operate a Lock and Leave Additional fee: no additional fee														✓	

Corporate Information

A

A corporation which has never established or operated a pharmacy in Ontario must submit the following:

- Articles of Incorporation
- Signed Share Certificates

If any of the information contained in the Articles of Incorporation have been amended, a Corporation Profile Report and/or a copy of the amending Articles must also be submitted.

Corporation Name:

Director(s) of the Corporation

In accordance with Section 142(1) of the *Drug and Pharmacies Regulation Act*, no corporation shall own or operate a pharmacy unless the majority of the directors of the corporation are pharmacists.

Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)

Shareholder(s) of the Corporation

In accordance with Section 142(2) of the *Drug and Pharmacies Regulation Act*, no corporation shall own or operate a pharmacy unless a majority of each class of shares of the corporation is owned by and registered in the name of pharmacists or in the name of health profession corporations each of which holds a valid certificate of authorization issued by the College.

Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class

Director Liaison (DL)

The College holds all owners and corporate directors accountable for ensuring that their corporation conforms to the requirements set out in the *Drug and Pharmacies Regulation Act* and its regulations which govern the accreditation, ownership, and operation of pharmacies. To facilitate and maintain proper accountability, every corporation must appoint a pharmacist as Director Liaison (DL) to communicate with the College on matters relating to the corporation and any pharmacy owned and operated by the corporation. The Director Liaison will also serve as the primary contact with respect to this application.

Director Liaison Name	OCP Number
Email Address	Phone Number
Signature	Date

Declaration of Good Character - Director of a Corporation

B

A declaration of good character form must be completed by <u>every</u> pharmacist Director of the corporation applying for a certificate of accreditation to operate a pharmacy in Ontario.

As a Director of a corporation that is applying for a certificate of accreditation to operate a pharmacy in Ontario, I make the following declarations:

1. I have truthfully completed my annual license renewal in which I disclosed any current or completed proceedings against me in relation to my ongoing ability to maintain a certificate of registration as a pharmacist.
   ❑Yes ❑No

In addition to the requirements for good character relating to my individual license, I make the following additional declarations relating to my role as Director of a Corporation applying to hold a Certificate of Accreditation for the operation of a pharmacy.

1. Are there any **outstanding** proceedings where any allegation of improper business practice was made against you in any jurisdiction, whether in relation to the operation of a pharmacy or any other regulated profession or business?
   ❑Yes ❑No

2. Are there any **completed** proceedings where any allegation of improper business practice was made against you, whether in relation to the operation of a pharmacy or any other regulated profession or business, other than a proceeding completed on its merits in which you were found not to have engaged in any improper business practice?
   ❑Yes ❑No

3. Is there anything in your past or present conduct that would provide reasonable grounds for the belief that the pharmacy would not be operated with decency, honesty, and integrity and in accordance with the law?
   ❑Yes ❑No

4. I declare and certify that I will not allow business interests and management pressures to undermine or unduly influence my pharmacy's ability to provide safe, quality care to patients as required by the Code of Ethics, Standards of Practice and Standards of Operations.
   ❑Yes ❑No

5. I agree and understand that as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue even after the date the Certificate of Accreditation is issued or renewed.
   ❑Yes ❑No

6. I hereby declare that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect of the application, I shall be deemed not to have satisfied the requirements for issuance of a Certificate of Accreditation. I further understand and agree that if a Certificate of Accreditation is issued based upon a false or misleading statement or representation, that Certificate of Accreditation may be revoked by the Accreditation Committee.
   ❑Yes ❑No

Corporation Name	
Director Name	OCP Number
Director Signature	Date Signed

Opening a New Pharmacy

C

Pharmacy Name	Proposed Opening Date	
Street Address	City	Postal Code
Pharmacy Business Email Address	Phone Number	Fax Number

Purchasing a Pharmacy

D

In accordance with Ontario Regulation 264/16 of the *Drug and Pharmacies Regulation Act*, a Certificate of Accreditation shall be issued in the specific name of the owner of the pharmacy. Purchasing an existing pharmacy is therefore equivalent to opening a new pharmacy and will result in the issuance of a new Certificate of Accreditation and accreditation number.

Pharmacy to be Purchased

Pharmacy Name		Current Accreditation Number
Street Address	City	Postal Code

New Pharmacy Information

Pharmacy Name		Proposed Transaction Date
Pharmacy Business Email Address	Phone Number	Fax Number

Seller Acknowledgement

As the Director Liaison of the corporation holding the Certificate of Accreditation for the pharmacy to be purchased, I hereby confirm that the corporation has entered into an agreement to sell the pharmacy to the corporation noted in Section A of this application.

❑ I agree

Name of the Director Liaison of the Pharmacy to be Purchased (Seller)	OCP Number
Director Liaison Signature	Date Signed

Relocating a Pharmacy

E

In accordance with Ontario Regulation 264/16 of the *Drug and Pharmacies Regulation Act*, a Certificate of Accreditation shall be issued for the specific municipal address* at which the pharmacy is to be operated. Relocating an existing pharmacy is therefore equivalent to opening a new pharmacy and will result in the issuance of a new Certificate of Accreditation.

*A unit number is not considered a part of a municipal address of a pharmacy. If an accredited pharmacy is moving to a new unit at the same municipal address, please submit a Notice of Pharmacy Renovation.

Current Location

Pharmacy Name		Current Accreditation Number
Street Address	City	Postal Code

New Location

Pharmacy Name		Proposed Transaction Date
Street Address	City	Postal Code
Pharmacy Business Email Address	Phone Number	Fax Number

Director Liaison Signature

Director Liaison Name	OCP Number
Director Liaison Signature	Date Signed

Amalgamation

F

In accordance with Ontario Regulation 264/16 of the *Drug and Pharmacies Regulation Act*, a Certificate of Accreditation shall be issued in the specific name of the owner of the pharmacy. The amalgamation of a corporation which operates an existing pharmacy with another corporation results in the creation of a new amalgamated corporation and is therefore equivalent to opening a new pharmacy and will result in the issuance of a new Certificate of Accreditation.

Current Pharmacy Information

Pharmacy Name		Accreditation No.
Street Address	City	Postal Code

Seller Acknowledgement

As the Director Liaison of the corporation which holds the Certificate of Accreditation for the pharmacy to be purchased, I hereby confirm that the corporation has entered into an agreement to sell the pharmacy to the individual/corporation submitting this application.

❑ **I agree**

Name of the Director Liaison of the Pharmacy to be Purchased (Seller)	OCP Number
Director Liaison Signature	Date Signed

Amalgamating Corporations

Corporation Name

Corporation Name

Corporation Name

New Amalgamated Corporation Information

Complete Section A of this application to list the address and contact information as well as the names of the director(s) and shareholder(s) of the new amalgamated corporation.

Corporation Name (New Owner)	Proposed Amalgamation Date

New Pharmacy Information

Pharmacy Name

Phone Number	Fax Number	Pharmacy Business Email Address

Acknowledgement

As the Director Liaison of the new amalgamated corporation, I hereby acknowledge that the new pharmacy will only be issued a Certificate of Accreditation upon submission of a copy of the Articles of Amalgamation and signed Share Certificates filed with the Ministry of Public and Business Service Delivery and Procurement

❑ **I agree**

Director Liaison Name	OCP Number
Director Liaison Signature	Date Signed

Pharmacy Information

G

Designated Manager

Must complete the Role of the Designated Manager (Section H) and the Pharmacy Self-Assessment (Section J)

Designated Manager Name	OCP Number

Other Pharmacy Personnel

Pharmacists and pharmacy technicians who will practice under the new accreditation number are required to update their workplace information through their online account. This functionality will only become available once the new pharmacy accreditation number has been activated and appears on the College's Find a Pharmacy or Pharmacy Professional tool.

Pharmacy Hours of Operation **(Hours a pharmacist is present)**

❑ Open **24** Hours	From	To	Closed
Monday			☐
Tuesday			☐
Wednesday			☐
Thursday			☐
Friday			☐
Saturday			☐
Sunday			☐

Usual and Customary Dispensing Fee

The usual and customary dispensing fee is the single specific amount set by the operator of a pharmacy as required by the *Drug Interchangeability and Dispensing Fee Act*. Any adjustment to this fee must meet the conditions established by *R.R.O. 1990, Reg. 935* and be communicated to the patient according to *R.R.O. 1990, Reg. 936*. Usual and customary services directly linked to dispensing a prescription are outlined in the guideline Dispensing Components Included in the Usual and Customary Fee.	Usual and Customary Dispensing Fee **$**

Banner & Franchise

If the pharmacy is affiliated with a Banner, please indicate the Banner name. Banner: The pharmacy is affiliated with a central office where they use a recognized name and may participate in centralized buying, marketing, professional programs, etc.	Banner Name
If the pharmacy is affiliated with a Franchise, please indicate the Franchise name. Franchise: The pharmacy is owned by a franchisee who enters a business relationship with a company (franchisor) for the legal usage of the franchisor's name and products.	Franchise Name

The Role of the Designated Manager

H

A Designated Manager (DM) is a Part A pharmacist who is designated by the owner of the pharmacy as the pharmacist responsible for managing the pharmacy. While the College holds all its registrants accountable for their practice, DMs carry additional responsibilities related to their role. The DM accepts the same accountability and responsibility as the owner and corporate directors for ensuring that the pharmacy conforms to the requirements set out in the *Drug and Pharmacies Regulation Act* and Regulations, which govern the accreditation, ownership, and operation of pharmacies.

The College's **Designated Manager (DM) e-Learning module** provides an overview of the key responsibilities of a DM. It is recommended that new Designated Managers access the module to better understand their responsibilities.

As the Designated Manager of the pharmacy, please indicate your acknowledgment of the following statements by initialing in each box and signing below:

☐ Before starting the role of DM, I will:

- Review the standards and expectations of the Assurance and Improvement in Medication Safety (AIMS) Program
- Review the rules & standards of the profession and the business as well as the policies and procedures that are in place at the pharmacy
- Conduct a full inventory and reconciliation of all narcotics, controlled drugs and targeted substances. This count can be used for future reconciliations.
- Review past assessment history which should be discussed with the owner. If the assessment reports are not available to review, once the change in DM has occurred with the College, previous assessment results are available to the DM through their online account.

☐ The DM is accountable for the following pharmacy functions:

- Professional Supervision of the Pharmacy
- Facilities, Equipment, Supplies and Drug Information
- Record Keeping and Documentation
- Medication Procurement and Inventory Management
- Training and Orientation
- Safe Medication Practices
- Assurance and Improvement in Medication Safety (AIMS) Program

☐ I declare and certify that I will not allow business interests and management pressures to undermine or unduly influence my pharmacy's ability to provide safe, quality care to patients as required by the Code of Ethics, Standards of Practice and Standards of Operations.

☐ The DM is responsible for meeting the Standards of Operation for Pharmacies and is required to be up to date with any changes to the College policies and guidelines.

☐ The DM is required to display their certificate of registration or a Designated Manager Certificate in an area visible to the public and it is the expectation of the College that the DM actively and effectively participates in the day-to-day management of the pharmacy.

I hereby acknowledge that I have read, and I understand the Model Standards of Practice for Pharmacists, as approved by the Board of Directors of the Ontario College of Pharmacists and the policies mentioned above and I accept the responsibilities as defined in the *Drug and Pharmacies Regulation Act* (DPRA) Section 166. ☐ I agree

Pharmacy Name	Accreditation Number
Designated Manager Name	OCP Number
Designated Manager Signature	Date Signed

Pharmacy Services

Please indicate the services to be offered and/or utilized by the new pharmacy

❑ Dispense methadone for Methadone Maintenance Treatment (MMT)?

- The pharmacy dispenses Methadone for patients in a Methadone Maintenance Treatment (MMT) program for opioid use disorder. See the Opioid Policy and the Key Requirements for Methadone Maintenance Treatment (MMT) – Fact Sheet

If yes, is the pharmacy accepting new patients for MMT? **❑Yes** **❑No**

❑ Transfer custody of methadone for Methadone Maintenance Treatment (MMT) to a prescriber?

- The pharmacy prepares methadone doses for transferring to a prescriber. See the Opioid Policy and CPSO's Advice to the Profession: Prescribing Drugs (companion resource to the Prescribing Drugs Policy)

❑ Utilize Central Fill Services?

- The pharmacy, under contract or policy, **sends prescription orders to a central fill pharmacy** for preparation and packaging. See Centralized Prescription Processing (Central Fill) Policy.

If yes, does the pharmacy utilize?

Multi-Medication Compliance Aids (Blister Packs)	**❑Yes** **❑No**
Non-sterile compounded preparations	**❑Yes** **❑No**
Sterile compounded preparations	**❑Yes** **❑No**
Vial Dispensing	**❑Yes** **❑No**

❑ Provide Central Fill Services?

- The pharmacy, under contract or policy, **prepares and packages** prescription orders on the originating pharmacy's direction. See Centralized Prescription Processing (Central Fill) Policy.

If yes, does the pharmacy provide central fill for:

Multi-Medication Compliance Aids (Blister Packs)	**❑Yes** **❑No**
Non-sterile compounded preparations	**❑Yes** **❑No**
Sterile compounded preparations	**❑Yes** **❑No**
Vial Dispensing	**❑Yes** **❑No**

❑ Compound **Level A NON-STERILE** preparations?

- Level A is required when compounding non-hazardous drugs, and includes having a separate, designated compounding area and general requirements for policies, procedures, training and equipment. Level A is the minimum requirement for pharmacies engaged in any compounding activities whatsoever, regardless of the type of preparation, quantity or frequency. (Refer to the algorithm and Section 8 of the Guidance Document for Pharmacy Compounding of Non-sterile Preparations)

❑ Compound **Level B NON-STERILE** preparations?

- Level B is required when compounding hazardous drugs that require ventilation, including a dedicated room that is separate from the rest of the pharmacy and specialized policies, procedures, training, equipment and/or instruments. (Refer to the algorithm and Section 8 of the Guidance Document for Pharmacy Compounding of Non-sterile Preparations)

❑ Compound **Level C NON-STERILE** preparations?

- Level C refers to requirements to be met when compounding hazardous drugs classified by NIOSH in Table 1, drugs listed in Table 2 when large quantities of APIs are used routinely, and/or hazardous materials classified by WHMIS as health hazards—such as those that are highly irritating to the respiratory tract, skin, or mucous membranes. Requirements include a separate, well-ventilated room with appropriate air exchange under negative pressure, a suitable containment device, and PPE appropriate for handling hazardous products. (Refer to the algorithm and Sections 8 & 9 of the Guidance Document for Pharmacy Compounding of Non-Sterile Preparations)

❑ Compound **STERILE, non-hazardous** preparations?

- The pharmacy is compounding sterile preparations that require specialized equipment and specialized training/knowledge to customize a medication for a patient. This includes the reconstitution, manipulation or repackaging of sterile or nonsterile products to produce a sterile final product. See Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations for examples of non-hazardous sterile preparations and more information.

❑ Compound **STERILE, hazardous** preparations?

- The pharmacy is compounding sterile preparations with hazardous products that require specialized equipment and specialized training/knowledge to customize a medication for a patient. This includes the reconstitution, manipulation or repackaging of sterile or nonsterile products to produce a sterile final product. See Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations for more information.

❑ Service Long-Term Care/Nursing Homes?

- The pharmacy provides medication management services to residents of **licensed** long-term care homes.

Compounding Supervisors

J

If the pharmacy compounds any preparation, the compounding supervisor(s) and the method of compounding they are supervising must be identified.

Compounding Supervisor's Name	OCP Number	Compounding Supervisor of:		
		Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑

As a Compounding Supervisor, I accept the responsibilities as outlined in the applicable National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Sterile Preparations and/or Model Standards for Pharmacy Compounding of Hazardous and/or Non-Hazardous Sterile Preparations.

All newly identified Compounding Supervisors must acknowledge and sign below

Compounding Supervisor's Name	Compounding Supervisor's Signature	Date Signed
❑ I Agree		
❑ I Agree		
❑ I Agree		

Pharmacy Self-Assessment

To be completed by the Designated Manager of the new pharmacy applying for a Certificate of Accreditation

Pharmacy Name		
Street Address	City	Postal Code

Designated Manager Acknowledgment

As the Designated Manager of the new pharmacy applying for a Certificate of Accreditation, I hereby acknowledge that I have read and understand the standards for accreditation and operation of a pharmacy as defined in the *Drug and Pharmacies Regulation Act,* Ontario Regulation 264/16 and that I will ensure compliance with the following upon issuance of a Certificate of Accreditation.

❑ **I agree**

Designated Managers Name	OCP Number
Designated Managers Signature	Date Signed

Signage

DPRA, O. Reg 264/16, Part IV, s. 19

- ❑ The Point of Care sign is displayed in an area visible to the public either before or immediately after entering the accredited area.
- ❑ The Customary Fee and Notice to Patients signs are displayed in an area easily read by a person presenting a prescription to be filled.
- ❑ The Designated Manager Certificate or certificate of registration is posted in an area visible to the public.
- ❑ A sign indicating 'Narcotics Secured in a Time-Delayed Safe' is displayed at each public entrance to the pharmacy and in an area easily seen by a person presenting a prescription to be filled. This mandatory sign is available for download from the OCP Safety Initiative page.

K

Standards of Accreditation and Operation

DPRA, O. Reg 264/16, Part IV

1. Accredited Area and Dispensary

- ❑ The total size of the accredited area is equal to or greater than the required minimum of 18.6 m^2 or 200 ft^2.
- ❑ The total square footage of the dispensary is equal to or greater than the minimum 9.3 m^2 or 100 ft^2.
- ❑ The dispensary is constructed in a way that is not accessible to the public.
- ❑ The pharmacy has a separate and distinct patient consultation area offering 'acoustical privacy'.
- ❑ If the accredited area is part of a larger area (e.g., part of a medical centre) the accredited area can be kept secure/physically separated from the non-accredited area when a pharmacist is not present. (❑ N/A)
- ❑ There are two sinks (or one double sink) within the dispensary.
- ❑ The dispensary sink has hot and cold running water.
- ❑ There is a minimum of 1.12m^2 (12 ft^2) of work surface for the preparation for dispensing and for the compounding of drugs.
- ❑ There is a dedicated refrigerator of sufficient size to store drugs and medications only.
- ❑ There is a device to accurately display the refrigerator's internal optimal temperature of 2-8 °C.
- ❑ There is a torsion or electronic balance in the dispensary. If electronic, the sensitivity level is appropriate to meet the needs of the specific compounding practice and it must be calibrated accordingly.
- ❑ The pharmacy is clean and free from clutter.
- ❑ All surface areas can be easily cleaned and disinfected.
- ❑ There is a waste disposal service for unserviceable stock of drugs and other products.
- ❑ There is a shredder or service for the disposal of confidential personal health information.
- ❑ The location of the fax machine protects patient confidentiality.

(continued on next page)

Pharmacy Self-Assessment

To be completed by the Designated Manager of the new pharmacy applying for a Certificate of Accreditation

K

2. Library

❑ All required references are accessible to the registrants working in the pharmacy.

❑ There are references appropriate to the specialty practice of the pharmacy. (e.g., Geriatric dosage handbook for those servicing long-term care or retirement facilities; pediatric dosing guide, etc.) (❑ N/A)

❑ Online access to the legislation, OCP references (including *Pharmacy Connection*) and the ODB Formulary is available. **NOTE:** the Required Reference Guide is available here under appendix A.

3. Drug Schedules/Inventory (DPRA, O. Reg 264/16, Part II)

❑ All Schedule II medications are located in the dispensary or an area with no public access and no opportunity for patient self-selection.

❑ Non-prescription narcotics (i.e., low-dose exempted codeine preparations) are located away from public view.

❑ All Schedule III medications are located in the dispensary or an area within 10m (30 ft.) of the dispensary (Professional Products Area).

❑ Controlled substances (i.e., controlled drugs and targeted substances) are kept in a way that they will be 'reasonably secure'.

❑ The pharmacy has a system that has been established to monitor the controlled substance inventory and perform reconciliations as per the Designated Manager – Medication Procurement and Inventory Management Policy

❑ The pharmacy has a time-delay safe installed to secure narcotics.

4. Lock and Leave (DPRA, O. Reg 264/16, Part IV, s. 23)

❑ The area completely restricts public access to the Schedule I, II and III drugs when a pharmacist is not present. **NOTE:** Lock and Leave must be operational and ready for approval at the assessment. (❑ N/A)

5. Prescription Label (DPRA, s. 156)

❑ The prescription label includes the trading name and ownership name (as filed with OCP), as well as the pharmacy's complete address and telephone number (including area code).

6. Compounding

❑ If the pharmacy engages in compounding now or in the future, it will adhere to the NAPRA Model Standards for Pharmacy Compounding (See Section I above).

Specialty Services

Complete only if the pharmacy engages in any of the following specialty services:

1. Methadone (for Methadone Maintenance Treatment)

❑ The pharmacy has fulfilled the requirements as outlined in the Opioid Policy and the Key Requirements for Methadone Maintenance Treatment (MMT) – Fact Sheet. (❑ N/A)

A Community Operations Advisor (COA) will review the application package and contact the Designated Manager (DM) of the pharmacy to schedule an accreditation assessment.

Pharmacy Floorplan

L

A floor plan is a required part of your application. You may either draw or attach a floorplan. It must include the following labelled points:

- ❑ Total square footage of area to be accredited - if the pharmacy is part of a larger area, clearly delineate the pharmacy portion and identify how the accredited area is kept secure/physically separate from the non-accredited area
- ❑ Total square footage of dispensary – area behind the counter
- ❑ Location of required two sinks (or double sink) in the dispensary (if the pharmacy does Level B or C compounding you must also show the additional sink in the compounding room)
- ❑ Location of acoustically private consultation room or area
- ❑ Location of compounding area(s) and C-PEC (hood) if any – if the pharmacy will not be providing compounding services, please indicate "no compounding" on the floor plan

Floorplan (Use the space below OR indicate "see attached" if you have a separate floorplan)

Remote Dispensing Location (RDL)

M

In accordance with Ontario Regulation 264/16 of the *Drug and Pharmacies Regulation Act*, a holder of a Certificate of Accreditation to operate a pharmacy may apply for an amended certificate that permits the operation of a remote dispensing location. A remote dispensing location (RDL) is a premises where drugs are dispensed or sold by retail to the public and that is operated by, but not at the same location as, a pharmacy whose Certificate of Accreditation permits its operation. A RDL can either be an automated pharmacy system with Board of Director-approved technology or a place staffed by a regulated pharmacy technician supervised by a pharmacist who is present at the accredited pharmacy.

Operating Pharmacy

Owner/Corporation Name			
Pharmacy Name			Accreditation No.
Street Address	City	Province **ON**	Postal Code

Remote Dispensing Location (RDL)

Street Address	City	Province **ON**	Postal Code
Phone Number (if applicable)	Usual & Customary Dispensing Fee	Proposed Opening Date	

❑ **RDL will contain an Automated Pharmacy System (APS)**

Please describe the technology and location of the APS:

❑ **RDL will be a Dispensary**

Please list the name and OCP number of each Pharmacy Technician who will staff the RDL:

Registrant Name	OCP Number
Registrant Name	OCP Number
Registrant Name	OCP Number

Director Liaison Signature

Director Liaison Name	OCP Number
Director Liaison Signature	Date Signed

Operating a Lock & Leave

N

"Lock and Leave" allows a pharmacy to operate without a pharmacist being physically present provided the pharmacy has the ability to "completely restrict" the public from access to any drugs referred to Schedule I, II or III. Any physical impediments or barriers shall be constructed such that the drugs are completely inaccessible to the public. The entire pharmacy area is accredited by OCP and the "Lock and Leave" permits the front shop area of the pharmacy to continue operating and allowing the sale of any drug in the unscheduled category (Schedule U) when the pharmacist is not present: https://www.ocpinfo.com/practice-education/opening-operating-pharmacy/lock-leave/

Operating Pharmacy

Owner/Corporation Name			
Pharmacy Name		Accreditation No.	
Street Address	City	Province **ON**	Postal Code

Lock & Leave

Please provide details about the fixtures used, including supporting documents such as floor plans, dimensions, pictures etc. in order to demonstrate restricted public access:

Director Liaison Signature

Director Liaison Name	OCP Number
Director Liaison Signature	Date Signed

Payment Information

O

Pharmacy Name	Accreditation No. (If Known)

Refer to the Schedule of Fees on our website: https://ocpinfo.com/wp-content/uploads/2025/05/schedule-of-fees.pdf

Fee Line Number with Description	Total with Tax
	$
	$
	$
	$
Grand Total	$

❑ I am enclosing a cheque made payable to the Ontario College of Pharmacists in the amount of:	Amount $
❑ I authorize the Ontario College of Pharmacists to charge the credit card below in the amount of:	Amount $

Credit Card Authorization

❑ Visa ❑ MasterCard ❑ American Express

Credit Card Number	Expiry Date (MM/YY)
Cardholder's Name	Telephone
Cardholder's Signature	Date Signed

The Pharmacy Accreditation year runs from May 10th to May 9th of the following year. Once accredited, the fees submitted with your application will cover the accreditation of the pharmacy up to May 9th of a given year. The Certificate of Accreditation must then be renewed.

It is up to the applicant to determine their proposed date of opening with the knowledge that the College does not offer pro-rated application fees beyond those listed on page 1 of the application and that a renewal fee will be due by May 9th each year.

- **If paying by credit card**, you may submit your completed application to the College by scanning and emailing the application form and all supporting documentation to the attention of Pharmacy Applications & Renewals at pharmacyapplications@ocpinfo.com or fax to 416-847-8399.

- **If paying by cheque**, please mail your complete application and all supporting documentation to:

  Ontario College of Pharmacists
  Pharmacy Applications & Renewals
  483 Huron Street
  Toronto, ON M5R 2R4.