

APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A HOSPITAL 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: Does the hospital need to be accredited?

A hospital only needs to be accredited if it meets the following 2 criteria:

1. The hospital is recognized as a public hospital on the Ministry of Health's [General Hospital Locations](#) list, or as a private hospital under the [Private Hospitals Act](#).

And

2. There are drugs within the hospital which are stored, compounded, dispensed, or supplied for hospital patients. [Drug and Pharmacies Regulation Act](#), s119

Step 2: 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 3: Complete all sections as required based on your type of application.

Step 4: Enclose a copy of the Articles of Incorporation for the operating corporation

Step 5: Enclose a copy of a Corporation Profile Report

Enclose a copy of a corporation profile report, issued by the Ministry of Government Services that is dated not more than **30 days** before the application is submitted to the College. To order a Corporation Profile Report online, go to the websites of any of the following service providers for the Ministry:

- OnCorpDirect Inc. www.oncorp.com
- eservicecorp.ca 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: Complete a Director of a Corporation Declaration of Good Character (page 2)

To fulfill the conduct requirements, the CEO of the Hospital must sign a Director of a Corporation Declaration of Good Character.

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 Hospital 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

CHECKLIST

- 1. Complete Application for Certificate of Accreditation as a Hospital Pharmacy. **Submit only the required section.**
- 2. Copy of the Articles of Incorporation for the operating corporation
- 3. Copy of the Corporate Profile Report issued by the Ministry of Government Services or by a service provider which is under contract with the Ministry that is dated not more than 30 days before this application is submitted.
- 4. Completed Director of a Corporation Declaration of Good Character
- 5. Payment

APPLICATION FOR CERTIFICATE OF ACCREDITATION AS A HOSPITAL PHARMACY

Application Type & Fees

A complete application must be submitted to Pharmacy Applications and Renewals prior to any construction and at least **6 months prior to a new opening/relocation or 30 days prior to an acquisition**.

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 |
| Opening a Hospital Pharmacy | | | | | | | | | | |
| <input type="checkbox"/> Opening Date between May 10 th and Nov 9 th Fee: line 26 & line 36 | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ |
| <input type="checkbox"/> Opening Date between Nov 10 th and May 9 th Fee: line 26 & line 37 | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ |
| <input type="checkbox"/> Hospital Pharmacy Acquisition Fee: line 26 & line 38 | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| <input type="checkbox"/> Corporate Amalgamation Fee: line 26 & line 38 | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| <input type="checkbox"/> Hospital Pharmacy Relocation Fee: line 25 & line 38 | ✓ | ✓ | | | ✓ | | ✓ | ✓ | ✓ | ✓ |

Corporate Information

Corporation Name

Street Address

City

Province

Postal Code

Phone Number

Fax Number

A Corporation Contact

The Corporate Contact is the person legally accountable for the corporation and will act as the primary contact person for all corporate matters.

Corporate Contact Name

OCP Number (if applicable)

Email Address

Phone Number

Signature

Date

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

- Articles of Incorporation
- Corporation Profile Report

Director of a Corporation - Declaration of Good Character

To complete Step 4 of the application, evidence of good character is required of the Directors of the Corporation. In recognition of the complex nature of the Board of Directors of a hospital, the College will consider the good character requirement to be fulfilled upon receipt of a duly executed Declaration of Good Character by the CEO* of the Hospital.

In my capacity as a director of the corporation providing this application, I make the following declarations:

1. I am a member of the Board of Directors of the Corporation and the person in charge of the hospital, as that phrase is interpreted in the *Narcotic Control Regulations* (C.R.C., C.1041, sections 63, 64 and 65).
2. There are no **outstanding** proceedings where any allegation of improper business practice has been made against me in any jurisdiction, whether in relation to the operation of a pharmacy or any other regulated profession or business.
3. There are no **completed** proceedings where allegations of improper business practices were made against me, 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 I was found not to have engaged in any improper business practice.
4. There is nothing in my past or present conduct that would provide reasonable grounds for the belief that the hospital pharmacy would not be operated with decency, honesty, and integrity and in accordance with the law.
- B** 5. I declare and certify that I will support the pharmacy's compliance with all applicable legislative and regulatory requirements and will not create or permit business or management pressures that compromise the pharmacy's ability to provide safe, quality patient care.
6. I agree and understand that I am responsible for providing the Registrar with the details of any new information that should arise after the completion of this application that would change my response to any of the statements on this declaration. I understand that this requirement will continue even after the date the Certificate of Accreditation is issued.
7. I hereby declare that the contents of this application, including the statements contained herein 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, the Corporation 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 Registrar or the Accreditation Committee.

Corporation Name

Hospital Name

Site/Location

CEO Name

OCP Number (if applicable)

CEO Signature

Date Signed

Opening a New Hospital Pharmacy

| | | | | |
|--|---|--|---------|-----------------------|
| C | Hospital Site Name | | | Proposed Opening Date |
| | Street Address | | City | Province ON |
| | Postal Code | | | |
| | Phone Number | Fax Number | Website | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | The hospital is recognized as a public hospital on the Ministry of Health's General Hospital Locations list. | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | The hospital is recognized as a private hospital under the Private Hospitals Act . | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | There are drugs within the hospital which are stored, compounded, dispensed, or supplied for hospital patients. Drug and Pharmacies Regulation Act , s119 | | | |

Acquisition of a Hospital Pharmacy

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.

| | | | |
|--|--------------------|------------|------------------------------|
| Pharmacy to be Purchased | | | |
| Hospital Site Name | | | Current Accreditation Number |
| Street Address | | City | Postal Code |
| New Pharmacy Information | | | |
| D | Hospital Site Name | | Proposed Transaction Date |
| | Phone Number | Fax Number | Website |
| Seller Acknowledgement | | | |
| As the CEO 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 corporation noted in Section A of this application. | | | |
| <input type="checkbox"/> I agree | | | |
| Name of the CEO of the Pharmacy to be Purchased (Seller) | | | OCP Number (if applicable) |
| CEO Signature | | | Date Signed |

Relocating a Hospital Pharmacy

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.

Current Location

| | | |
|----------------|------|------------------------------|
| Pharmacy Name | | Current Accreditation Number |
| Street Address | City | Postal Code |

New Location

| | | |
|----------------|------------|---------------------------|
| Pharmacy Name | | Proposed Transaction Date |
| Street Address | City | Postal Code |
| Phone Number | Fax Number | Website |

CEO Signature

| | |
|-----------------|----------------------------|
| Name of the CEO | OCP Number (If applicable) |
| CEO Signature | Date Signed |

Amalgamation

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 Hospital Pharmacy Information

| | | |
|----------------|------|-------------------|
| Pharmacy Name | | Accreditation No. |
| Street Address | City | Postal Code |

Amalgamating Corporations

| |
|------------------|
| Corporation Name |
| Corporation Name |
| Corporation Name |

New Amalgamated Corporation Information

F 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 Hospital Pharmacy Information

| | | |
|---------------|------------|-------|
| Pharmacy Name | | |
| Phone Number | Fax Number | Email |

Acknowledgement

As the CEO 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

| | |
|---------------|----------------------------|
| CEO Name | OCP Number (if applicable) |
| CEO Signature | Date Signed |

Hospital Pharmacy Information

Designated Contact

The Designated Contact is the person the College will reach out to for all pharmacy matters including the pharmacy annual renewal.

Designated Contact Name

OCP NUMBER (IF APPLICABLE)

Phone

Email

Pharmacy Manager

Same as Designated Contact

Pharmacy Manager Name

OCP NUMBER (IF APPLICABLE)

Phone

Email

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.

Hospital Pharmacy Services

Please indicate the services to be offered by the new pharmacy

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 in the pharmacy department 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.

Compounding Supervisor(s) or Designated Person(s) who meet the definition below

As defined by NAPRA, a compounding supervisor is a Part A pharmacist or Part A pharmacy technician who develops, organizes and oversees all activities related to compounding, as assigned by the pharmacy manager or pharmacy department head.

If the hospital pharmacy compounds any preparation, the compounding supervisor(s)/designated person(s) and the method of compounding they are supervising must be identified. This includes both internal and external compounding supervisors

| Compounding Supervisor's Name | OCP Number (if applicable) | Compounding Supervisor of: | | |
|-------------------------------|-------------------------------|--------------------------------|--------------------------|--------------------------|
| | | Non-Sterile (Level A, B, C) | Sterile Non-Hazardous | Sterile Hazardous |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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