

Compounding Supervisor Notification Form For Community Pharmacies

The Designated Manager, in collaboration with the compounding supervisor(s) must complete this form to add or remove compounding supervisors, and to identify or change the type of compounding they supervise.

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.

By default, the Designated Manager assumes the role of the compounding supervisor, however they may assign the responsibilities to one or more Part A pharmacists and/or Part A pharmacy technicians.

Pharmacy Information

A	Owner/Corporation Name:			
	Pharmacy Name:	Accreditation Number:		
	STREET ADDRESS	CITY	POSTAL CODE	

Compounding Supervisor(s)

B	Compounding Supervisor's Name	OCP Number	Compounding Supervisor of:			Effective Date <small>DD-MMM-YYYY</small>
			Non-Sterile (Level A, B, C)	Sterile Non-Hazardous	Sterile Hazardous	
	1)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	2)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	3)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	4)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Signature & Authorization

<p>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.</p> <p>All newly identified Compounding Supervisors must acknowledge and sign below</p>		
	Compounding Supervisor's Name	Compounding Supervisor's Signature
C	<input type="checkbox"/> I Agree	
	<input type="checkbox"/> I Agree	
	<input type="checkbox"/> I Agree	
	<input type="checkbox"/> I Agree	
Designated Manager Authorization		
<p>As Designated Manager, I hereby authorize the addition and/or removal of the compounding supervisor(s) listed above.</p>		
Print Name	OCP Number	Signature
		Date Signed

Submit completed form by email to pharmacyapplications@ocpinfo.com, or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4