

Compounding Supervisor Notification Form For Hospital Pharmacies

Complete this form to add or remove compounding supervisors, (internal, external or contracted) and to identify the compounding method they supervise.

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.

Hospital Information			
A	Owner/Corporation Name:		
	Hospital/Site Name:	Accreditation Number:	
	<small>STREET ADDRESS</small>	<small>CITY</small>	<small>POSTAL CODE</small>

Compounding Supervisor(s) or Designated Person(s) who meet the definition above						
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	
	5)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	6)		<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			
C	As a Compounding Supervisor, or person who meets the definition above, 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/Designated Persons must acknowledge and sign below		
	<input type="checkbox"/> I Agree	Compounding Supervisor's Name	Compounding Supervisor's Signature
	<input type="checkbox"/> I Agree		
	<input type="checkbox"/> I Agree		
	<input type="checkbox"/> I Agree		
	<input type="checkbox"/> I Agree		
Pharmacy Manager Authorization			
I hereby authorize the addition and/or removal of the compounding supervisor(s) listed above.			
Print Name	OCP Number <small>(if applicable)</small>	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