

## Compounding Supervisor notification form For Drug Preparation Premises (DPP)

Complete this form to add or remove compounding supervisors, and to identify the compounding method 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.*

Workplace Information			
<b>A</b>	Today's Date:		OCP File Number:
	DPP Name:		
	STREET ADDRESS	CITY	POSTAL CODE

Compounding Supervisors						
<b>B</b>	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	
	7)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
	8)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

Declaration		
<b>C</b>	As the designated member, I hereby declare the information above is accurate and I will update the College of any changes.	
	Print Name	Signature

**Submit completed form** by email to [pharmacyapplications@ocpinfo.com](mailto: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