

Instructions

A certificate of accreditation issued for a hospital pharmacy must be renewed annually on or before May 10th. This annual renewal form must be completed in full to be processed. Incomplete forms will not be considered.

Step 1: Complete the Annual Renewal Application (Pages 2-3)

Step 2: Complete the Declaration of Good Character (Page 4)

To fulfill the conduct requirements for renewal of a certificate of accreditation, please have the CEO of the Hospital sign the Declaration of Good Character.

Step 3: Enclose a copy of a Corporation Profile Report

Enclose a copy of a corporation profile report for the corporation which operates the hospital pharmacy, issued by the Ministry of Public and Business Service Delivery and Procurement that is dated no more than **30 days** before the annual renewal 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:

- Dye & Durham eCore www.oncorp.com
- ESC Corporate Services www.eservicecorp.ca

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

Step 4: Enclose Payment (Page 5)

Payment of the annual renewal fee of **\$5,983.24** (\$5,294.90 + \$688.34 HST) may be made by credit card or cheque payable to the Ontario College of Pharmacists.

Step 5: Submit Hospital Pharmacy Accreditation Renewal

If paying by credit card, submit your completed annual renewal application to the College by scanning and emailing the annual renewal form and corporation profile report to the attention of Pharmacy Applications & Renewals at pharmacyapplications@ocpinfo.com or fax to 416-847-8399.

If paying by cheque, please mail your cheque along with the completed annual renewal form and corporation profile report to:

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

Checklist

- ☐ Completed Hospital Pharmacy Accreditation Renewal Form (Pages 2-5)
- ☐ A copy of a Corporation Profile Report issued by the Ministry of Public and Business Service Delivery and Procurement or by a service provider which is under contract with the Ministry that is dated not more than 30 days before this annual renewal application is submitted
- ☐ Annual renewal fee of **\$5,983.24** (\$5,294.90 + \$688.34 HST) payable to the Ontario College of Pharmacists.

Hospital Pharmacy Accreditation Renewal Form

Ownership

Corporation Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Website:
Corporation Contact:	Corporation Contact Email:	

Communication

Hospital Site Name:		Accreditation Number:
Address:		
City:	Province: ON	Postal Code:
Phone:	Fax:	
Pharmacy Business Email:	Website:	

Personnel

Designated Contact (the person the College will contact for all pharmacy matters):	OCP Number (if applicable):
Designated Contact Email:	Designated Contact Phone:
Pharmacy Manager:	OCP Number (if applicable):
Pharmacy Manager Email:	

Pharmacy Services

<p>Compound Level A NON-STERILE preparations?</p> <p>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 <u>any</u> 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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Compound Level B NON-STERILE preparations?</p> <p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Compound Level C NON-STERILE preparations?</p> <p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Compound STERILE, non-hazardous preparations?</p> <p>Producing compounded 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Compound STERILE, hazardous preparations?</p> <p>Producing compounded 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hospital Pharmacy Accreditation Renewal Form

Compounding Supervisors

If the hospital pharmacy compounds any preparation, the compounding supervisor(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	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"/>
		<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"/>
		<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature & Authorization

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.

Compounding Supervisor's Name	Compounding Supervisor's Signature	Date Signed
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		
<input type="checkbox"/> I Agree		

To add/remove compounding supervisors in the future, use the [Change of Compounding Supervisor Form for Hospital Pharmacies](#) available on our website.

Declaration of Good Character

Evidence of good character is required of the Directors of the Corporation for renewal of a certificate of accreditation. In recognition of the complex nature of the Board of Directors of a hospital, the College considers 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 (Corporation), I make the following declarations:

1. I am the 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 pharmacy would not be operated with decency, honesty, and integrity and in accordance with the law.
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 renewed.
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 renewal of a Certificate of Accreditation. I further understand and agree that if a Certificate of Accreditation is renewed 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/Site Name

CEO Name (please print)

CEO Signature

Date Signed

***In accordance with Regulation 965 under the *Public Hospitals Act*, the CEO must be an ex-officio member of the Board.**

Hospital Pharmacy Accreditation Renewal Form

Payment Information

Hospital Site Name:	Accreditation Number:
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Address:

City:	Province: ON	Postal Code:
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<input type="checkbox"/> I am enclosing a cheque in the amount of \$5,983.24 (\$5,294.90 + \$688.34 HST) made payable to the Ontario College of Pharmacists
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<input type="checkbox"/> I authorize the Ontario College of Pharmacists to charge \$5,983.24 (\$5,294.90 + \$688.34 HST) to the credit card listed below

Credit Card Authorization

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
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Credit Card Number:	Expiry Date (MM/YY):
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Cardholder Name:	Telephone:
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Cardholder Signature:	Date Signed:
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