

## 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: 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 2: Complete all sections as required based on your type of application

### Step 3: Enclose a copy of the Data License Agreement (DLA)

Available within the Pharmacist's OCP online account under the DLA tab, the Data License Agreement is only required if the corporation applying to establish and operate the pharmacy has never owned and operated an accredited pharmacy in Ontario post April 2018

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

Articles of Incorporation are only required if the corporation applying to establish and operate the pharmacy has never owned/operated an accredited pharmacy in Ontario

### Step 5: Enclose a copy of the Share Certificates issued by the operating corporation

Share Certificates are only required if the corporation applying to establish and operate the pharmacy has never owned/operated an accredited pharmacy in Ontario or if the corporation was issued a certificate of accreditation previously and the share structure has since been amended.

### Step 6: Enclose a copy of a Corporation Profile Report and/or amending Articles for the operating corporation

A Corporation Profile Report, issued by the Ministry of Government Services and dated not more than **30 days** before this application is submitted, and/or amending Articles are required upon request or if information contained in the Articles of Incorporation has been amended since the incorporation date. This includes changes to the name, address and directors of the corporation. If amalgamating, Articles of Amalgamation must be submitted in order for a certificate of accreditation to be issued.

A Corporation Profile Report can be obtained through one of the Ministry's service provider websites:

- OnCorpDirect Inc. [www.oncorp.com](http://www.oncorp.com)
- eservicecorp [www.eservicecorp.ca](http://www.eservicecorp.ca)

Or contact the Ministry directly at: Ministry of Government Services, Companies and Personal Property Security Branch, 375 University Ave, 2<sup>nd</sup> Floor, Toronto, M5G 2M2 Tel: 416-314-8880 or 1-800-361-3223.

### Step 7: Enclose a pharmacy floor plan

A pharmacy floor plan is required for all application types and must provide the following details:

- Total square footage of area to be accredited - if the pharmacy is part of a larger area, clearly delineate the pharmacy portion and identify how the accredited area is kept secure/physically separate from the non-accredited area
- Total square footage of dispensary (area behind the counter)
- Location of required two sinks in the dispensary
- Location of acoustically private consultation area in the accredited area
- Location of compounding area

### Step 8: Enclose Payment

Fees may be submitted by credit card or by cheque payable to the Ontario College of Pharmacists.

### Step 9: Submit Application for Certificate of Accreditation as a Community 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](mailto: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

**IMPORTANT NOTE:** The College evaluates each person who is an applicant based on the criteria set out in [Part III of the Regulations under the Drug and Pharmacies Regulation Act](#) including an assessment to determine if past and present conduct of the proposed owner(s) affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law. The College will take whatever time is necessary to complete this assessment. Application processing time varies and your proposed date of opening is subject to change. Incomplete applications will also not be accepted.

### CHECKLIST

- 1. Complete Application for Certificate of Accreditation as a Community Pharmacy. **Submit only the required section.**
- 2. Copy of the Data License Agreement (**If required**)
- 3. Copy of the Articles of Incorporation (**If required**)
- 4. Copy of the Corporate Share Certificates (**If required**)
- 5. Corporation Profile Report or amending Articles (**If required**)
- 6. Pharmacy floor plan
- 7. Payment

## Application Type & Fees

A complete application must be submitted to Pharmacy Applications and Renewals (PAR) at least 45 days prior to the planned opening.

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://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf>

Application Type	Complete each application section as required													
	A	B	C	D	E	F	G	H	I	J	K	L	M	Floor Plan
<input type="checkbox"/> <b>Opening a Pharmacy</b>														
<input type="checkbox"/> Opening Date between May 10 <sup>th</sup> and Nov 9 <sup>th</sup> Fee: line 20 & line 22	✓	✓	✓				✓	✓	✓				✓	✓
<input type="checkbox"/> Opening Date between Nov 10 <sup>th</sup> and May 9 <sup>th</sup> Fee: line 20 & line 23	✓	✓	✓				✓	✓	✓				✓	✓
<input type="checkbox"/> Pharmacy will operate a Remote Dispensing Location Additional fee: line 25												✓	✓	✓
<input type="checkbox"/> The Pharmacy will operate a Lock and Leave Additional fee: no additional fee													✓	
<input type="checkbox"/> <b>Purchasing a Pharmacy</b> Fee: line 20 & line 24	✓	✓		✓			✓	✓	✓	✓			✓	✓
<input type="checkbox"/> Pharmacy will operate a Remote Dispensing Location Additional fee: line 26 + line 27												✓	✓	✓
<input type="checkbox"/> The Pharmacy will operate a Lock and Leave Additional fee: no additional fee													✓	
<input type="checkbox"/> <b>Amalgamation</b> Fee: line 20 & line 24	✓	✓				✓	✓	✓	✓	✓			✓	✓
<input type="checkbox"/> Pharmacy will operate a Remote Dispensing Location Additional fee: line 26 + line 27												✓	✓	✓
<input type="checkbox"/> The Pharmacy will operate a Lock and Leave Additional fee: no additional fee													✓	
<input type="checkbox"/> <b>Relocating a Pharmacy</b> Fee: line 20 & line 24	✓	✓			✓		✓	✓	✓	✓			✓	✓
<input type="checkbox"/> Pharmacy will operate a Remote Dispensing Location Additional fee: line 26 + line 27												✓	✓	✓
<input type="checkbox"/> The Pharmacy will operate a Lock and Leave Additional fee: no additional fee													✓	
<input type="checkbox"/> <b>Opening a Remote Dispensing Location</b> Fee: line 26 & line 27												✓	✓	✓
<input type="checkbox"/> <b>Existing pharmacy Installing Lock &amp; Leave</b> Fee: no additional fee													✓	✓

# Corporate Information

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

- Signed Data License Agreement – Available within the Pharmacist’s OCP online account under the DLA tab
- Articles of Incorporation
- Signed Share Certificates

If any of the information contained in the Articles of Incorporation have been amended, a Corporation Profile Report and/or a copy of the amending Articles must also be submitted.

## Corporation Name:

## Director(s) of the Corporation

In accordance with Section 142(1) of the *Drug and Pharmacies Regulation Act*, no corporation shall own or operate a pharmacy unless the majority of the directors of the corporation are pharmacists.

Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)
Director Name	OCP Number (if applicable)

## Shareholder(s) of the Corporation

In accordance with Section 142(2) of the *Drug and Pharmacies Regulation Act*, no corporation shall own or operate a pharmacy unless a majority of each class of shares of the corporation is owned by and registered in the name of pharmacist or in the name of health profession corporations each of which holds a valid certificate of authorization issued by the College.

Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class
Shareholder Name	OCP Number (if applicable)	Number of Shares	Share Class

## Director Liaison (DL)

The College holds all owners and corporate directors accountable for ensuring that their corporation conforms to the requirements set out in the *Drug and Pharmacies Regulation Act* and Regulations, which govern the accreditation, ownership, and operation of pharmacies. To facilitate and maintain proper accountability, every corporation must appoint a pharmacist as Director Liaison (DL) to communicate with the College on matters relating to the corporation and any pharmacy owned and operated by the corporation. The Director Liaison will also serve as the primary contact with respect to this application.

Director Liaison Name	OCP Number
Email Address	Phone Number
Signature	Date

# Declaration of Good Character - Director of a Corporation

A declaration form must be completed by every pharmacist Director of the corporation applying for a certificate of accreditation to operate a pharmacy in Ontario.

As a Director of a corporation that is applying for a certificate of accreditation to operate a pharmacy in Ontario, I make the following declarations:

1. I have truthfully completed my annual license renewal in which I disclosed any current or completed proceedings against me in relation to my ongoing ability to maintain a certificate of registration as a pharmacist.  
Yes No

In addition to the requirements for good character relating to my individual license, I make the following additional declarations relating to my role as Director of a Corporation that holds a Certificate of Accreditation for the operation of a pharmacy.

1. Are there any outstanding proceedings where any allegation of improper business practice was made against you in any jurisdiction, whether in relation to the operation of a pharmacy or any other regulated profession or business?  
Yes No
2. Are there any completed proceedings where any allegation of improper business practice was made against you, 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 you were found not to have engaged in any improper business practice?  
Yes No
3. Is there anything in your 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?  
Yes No
4. I agree and understand that as of the date of completion of this application, I am responsible for providing the Registrar with the details of any new information that would change my response to any of the questions on the declaration. I understand that this requirement will continue even after the date the Certificate of Accreditation is issued or renewed.  
Yes No
5. I hereby declare, that the contents of this application 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, I 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 Accreditation Committee.  
Yes No

**B**

Corporation Name

Director Name

OCP Number

Director Signature

Date Signed

## Opening a New Pharmacy

<b>C</b>	Pharmacy Name	Proposed Opening Date		
	Street Address	City	Province <b>ON</b>	Postal Code
	Email Address	Phone Number	Fax Number	

## Purchasing a Pharmacy

<b>D</b>	<p>In accordance with <a href="#">Ontario Regulation 264/16</a> of the <i>Drug and Pharmacies Regulation Act</i>, 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 and accreditation number.</p>			
	<b>Pharmacy to be Purchased</b>			
	Pharmacy Name		Current Accreditation Number	
	Street Address	City	Province <b>ON</b>	Postal Code
	<b>New Pharmacy Information</b>			
	Pharmacy Name		Proposed Transaction Date	
	Email Address	Phone Number	Fax Number	
	<b>Seller Acknowledgement</b>			
	<p>As the Director Liaison of the corporation holding 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.</p> <p><input type="checkbox"/> I agree</p>			
	Name of the Director Liaison of the Pharmacy to be Purchased (Seller)		OCP Number	
Director Liaison Signature		Date Signed		

# Relocating a 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.

\*A unit number is not considered a part of a municipal address of a pharmacy. If an accredited pharmacy is moving to a new unit at the same municipal address, please submit a [Notice of Pharmacy Renovation](#).

## Current Location

Pharmacy Name			Current Accreditation Number
Street Address	City	Province <b>ON</b>	Postal Code

## E New Location

Pharmacy Name			Proposed Transaction Date
Street Address	City	Province <b>ON</b>	Postal Code
Email Address	Phone Number	Fax Number	

## Director Liaison Signature

Director Liaison Name	OCP Number
Director Liaison 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 Pharmacy Information

Pharmacy Name			Accreditation No.
Street Address	City	Province <b>ON</b>	Postal Code

## Seller Acknowledgement

As the Director Liaison 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 individual/corporation submitting this application.

I agree

Director Liaison of the Pharmacy to be Purchased (Seller)	OCP Number
Director Liaison Signature	Date Signed

## Amalgamating Corporations

Corporation Name
Corporation Name
Corporation Name

## New Amalgamated Corporation Information

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 Pharmacy Information

Pharmacy Name		
Phone Number	Fax Number	Email

## Acknowledgement

As the Director Liaison 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 Government Services.

I agree

Director Liaison Name	OCP Number
Director Liaison Signature	Date Signed

# Pharmacy Information

## Designated Manager

**Must complete the Role of the Designated Manager (Section H) and the Pharmacy Self-Assessment (Section J)**

Designated Manager Name

OCP Number

## Controlled Substance Signers

Pharmacist Name

OCP Number

Pharmacist Name

OCP Number

Pharmacist Name

OCP Number

Pharmacist Name

OCP Number

## Other Pharmacy Personnel

Pharmacists without controlled substance signing authority and pharmacy technicians who will practice at the new pharmacy are required to update their workplace information online by logging into their account at [www.ocpinfo.com](http://www.ocpinfo.com) once the new pharmacy has been activated and appears on the College's [Find a Pharmacy or Pharmacy Professional](#) tool.

## Pharmacy Hours of Operation

Open 24 Hours

From

To

Closed

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

## Usual and Customary Dispensing Fee

The usual and customary dispensing fee is the single specific amount set by the operator of a pharmacy as required by the *Drug Interchangeability and Dispensing Fee Act*. Any adjustment to this fee must meet the conditions established by *R.R.O. 1990, Reg. 935* and be communicated to the patient according to *R.R.O. 1990, Reg.936*. Usual and customary services directly linked to dispensing a prescription are outlined in the Policy [Dispensing Components Included in the Usual and Customary Fee](#).

Usual and Customary Dispensing Fee

\$

## Banner & Franchise

If the pharmacy is affiliated with a Banner please indicate the Banner name:

The pharmacy is affiliated with a central office where they use a recognized name and may participate in centralized buying, marketing, professional programs, etc.

Banner Name

If the pharmacy is affiliated with a Franchise please indicate the Franchise name:

The pharmacy is owned by a franchisee who enters a business relationship with a company (franchisor) for the legal usage of the franchisor's name and products.

Franchise Name



# The Role of the Designated Manager

A Designated Manager (DM) is a pharmacist in Part A of the register who is designated by the owner of the pharmacy as the pharmacist responsible for managing the pharmacy. While the College holds all its registrants accountable for their practice, DMs carry additional responsibilities related to their role. The DM accepts the same accountability and responsibility as the owner and corporate directors for ensuring that the pharmacy conforms to the requirements set out in the *Drug and Pharmacies Regulation Act* and Regulations, which govern the accreditation, ownership, and operation of pharmacies.

The DM understands that their contact information will be shared with Pharmapod, a third-party vendor, for the purposes of the administration and set-up of the [Assurance In Medication Safety \(AIMS\) Program](#).

The College's [Designated Manager \(DM\) e-Learning module](#) provides an overview of the key responsibilities of a DM. It is recommended that new Designated Managers access it to have a better understanding of their responsibilities.

**As the Designated Manager of the pharmacy, please indicate your acknowledgment of the following statements by initialing in each box and signing below:**

Before starting the role of DM I will:

- Activate AIMS Pharmapod account upon receipt of instructions emailed from Pharmapod (sent within 2 weeks of effective date)
- Review the [standards and expectations](#) of the Assurance and Improvement in Medication Safety (AIMS) Program
- Review the [regulations and operational requirements](#) for the profession and the business as well as the policies and procedures that are in place at the pharmacy
- Conduct a full inventory and reconciliation of all narcotics, controlled drugs and targeted substances. This count can be used for future reconciliations.
- Review past assessment history which should be discussed with the owner. If the assessment reports are not available to review, once the change in DM has occurred with the College, previous assessment results are available to the DM through their online account.

The DM is accountable for the following pharmacy functions:

- Professional Supervision of the Pharmacy
- Facilities, Equipment, Supplies and Drug Information
- Record Keeping and Documentation
- Medication Procurement and Inventory Management
- Training and Orientation
- Safe Medication Practices
- Assurance and Improvement in Medication Safety (AIMS) Program

The DM is responsible for meeting the [Standards of Operation of Pharmacies](#) and is required to be up to date with any changes to the College [policies and guidelines](#).

The DM is required to display their certificate of registration or a [Designated Manager Certificate](#) in an area visible to the public and it is the expectation of the College that the DM actively and effectively participates in the day-to-day management of the pharmacy.

I hereby acknowledge that I have read and I understand the Model Standards of Practice for Pharmacists, as approved by the Board of Directors of the Ontario College of Pharmacists and the policies mentioned above and I accept the responsibilities as defined in the *Drug and Pharmacies Regulation Act* (DPRA) Section 166.

I agree

Pharmacy Name

Accreditation Number

Designated Manager Name

OCP Number

Designated Manager Signature

Date Signed

# Pharmacy Services

Please indicate the services to be offered and/or utilized by the new pharmacy

Dispense methadone for Methadone Maintenance Treatment (MMT)?

- The pharmacy dispenses Methadone for patients in a Methadone Maintenance Treatment (MMT) program for opioid use disorder. See the [Opioid Policy](#) and the [Key Requirements for Methadone Maintenance Treatment \(MMT\) – Fact Sheet](#)

If yes, is the pharmacy accepting new patients for MMT? Yes No

Transfer custody of methadone for Methadone Maintenance Treatment (MMT) to a prescriber?

- The pharmacy prepares methadone doses for transferring to a prescriber. See the [Opioid Policy](#) and CPSO's [Advice to the Profession: Prescribing Drugs](#) (companion resource to the [Prescribing Drugs Policy](#))

Provide Central Fill Services?

- The pharmacy, under contract or policy, **prepares and packages** prescription orders on the originating pharmacy's direction. See [Centralized Prescription Processing \(Central Fill\)](#).

If yes, does the pharmacy provide central fill for:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Multi-Medication Compliance Aids (Blister Packs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-sterile compounded preparations              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sterile compounded preparations                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vial Dispensing                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Utilize Central Fill Services?

- The pharmacy, under contract or policy, **sends prescription orders to a central fill pharmacy** for preparation and packaging. See [Centralized Prescription Processing \(Central Fill\)](#).

If yes, does the pharmacy utilize?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Multi-Medication Compliance Aids (Blister Packs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-sterile compounded preparations              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sterile compounded preparations                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vial Dispensing                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Compound **non-hazardous STERILE** preparations?

- The pharmacy is compounding sterile preparations 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 **hazardous STERILE** 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.

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 is required when compounding hazardous drugs (including those in NIOSH Group 1 or in WHMIS as very irritating to the respiratory tract, skin or mucous membranes). Level C requirements include a room under negative pressure, a ventilated containment device and appropriate personal protective equipment. Refer to [Section 9](#) of the Guidance Document. (Refer to the [algorithm](#) and Section 8 of the [Guidance Document for Pharmacy Compounding of Non-sterile Preparations](#))

Service Long Term Care/Nursing Homes?

- The pharmacy provides medication management services to residents of **licensed** long term care homes.

# Pharmacy Self-Assessment

To be completed by the Designated Manager of the new pharmacy applying for a Certificate of Accreditation

Pharmacy Name

Street Address

City

Province  
**ON**

Postal Code

## Designated Manager Acknowledgment

As the Designated Manager of the new pharmacy applying for a Certificate of Accreditation, I hereby acknowledge that I have read and understand the standards for accreditation and operation of a pharmacy as defined in the *Drug and Pharmacies Regulation Act*, [Ontario Regulation 264/16](#) and that I will ensure compliance with the following upon issuance of a Certificate of Accreditation.

I agree

Designated Managers Name

OCP Number

Designated Managers Signature

Date Signed

## Signage

DPRA, O. Reg 264/16, Part IV, s. 19

- The Point of Care sign is displayed in an area easily visible to the public either before or immediately after entering the accredited area.
- The Customary Fee and Notice to Patients signs are displayed in an area easily read by a person presenting a prescription to be filled.
- The [Designated Manager Certificate](#) or certificate of registration is posted in an area visible to the public.

## Standards of Accreditation and Operation

DPRA, O. Reg 264/16, Part IV

### 1. Accredited Area and Dispensary

- The total size of the accredited area is equal to or greater than the required minimum of 18.6 m<sup>2</sup> or 200 ft<sup>2</sup>.
- The total size of the dispensary floor area is equal to or greater than the minimum 9.3 m<sup>2</sup> or 100 ft<sup>2</sup>.
- The dispensary is constructed in a way that is not accessible to the public.
- The pharmacy has a separate and distinct patient consultation area offering 'acoustical privacy'.
- If the accredited area is part of a larger area (e.g. part of a medical centre) the accredited area can be kept secure/physically separated from the non-accredited area when a pharmacist is not present. ( N/A)
- There are two sinks (or one double sink) within the dispensary.
- The dispensary sink has hot and cold running water.
- There is a minimum of 1.12m<sup>2</sup> (12 ft<sup>2</sup>) of work surface for the preparation for dispensing and for the compounding of drugs.
- There is a dedicated refrigerator of sufficient size to store drugs and medications only.
- There is a device to accurately display the internal optimal temperature of 2 - 8 °C.
- There is a torsion or electronic balance in the dispensary. If electronic, the sensitivity level is appropriate to meet the needs of the specific compounding practice and it must be calibrated accordingly.
- The pharmacy is clean and free from clutter.
- All surface areas can be easily cleaned and disinfected.
- There is appropriate waste disposal service for unserviceable stock of drugs and other products.
- There is a shredder or service for disposal of confidential personal health information.
- The location of the fax machine protects patient confidentiality.

### 2. Library

- All required references are accessible to the registrants working in the pharmacy.
- There are references appropriate to the specialty practice of the pharmacy (e.g. Geriatric dosage handbook for those servicing long-term care or retirement facilities; pediatric dosing guide, etc.)
- On-line access to the legislation, OCP website (including Pharmacy Connection) and the ODB Formulary is available. **NOTE:** the Required Reference Guide is available at: <https://www.ocpinfo.com/regulations-standards/additional-resources>

(continued on next page)

# Pharmacy Self-Assessment

To be completed by the designated Manager of the new pharmacy applying for a Certificate of Accreditation

## 3. Drug Schedules/Inventory (DPRA, O. Reg 264/16, Part II)

- All Schedule II medications are located in the dispensary or an area with no public access and no opportunity for patient self-selection.?
- Non-prescription narcotics (i.e., low-dose, exempted codeine preparations) are located away from public view.
- All Schedule III medications are located in the dispensary or an area within 10m (30 ft.) of the dispensary (Professional Products Area).
- Controlled substances (i.e., controlled drugs, narcotics and targeted substances) are kept in a way that they are 'reasonably secure'.
- The pharmacy has a system that has been established to monitor the controlled substance inventory and perform reconciliations as per the [Designated Manager – Medication Procurement and Inventory Management Policy](#)

## 4. Lock and Leave (DPRA, O. Reg 264/16, Part V, s. 23) N/A

- The area completely restricts public access to the Schedule I, II and III drugs when a pharmacist is not present. Note: [Lock and Leave](#) must be operational and ready for approval at the assessment.

## 5. Prescription Label (DPRA, s. 156)

- The prescription label includes the trading name and ownership name (as filed with OCP), as well as the pharmacy's complete address and telephone number (including area code).

## 6. Data License Agreement<sup>1</sup>

- My account with Pharmapod will be activated and the Medication Incident Recording Platform implemented

## 7. Compounding

- The pharmacy will adhere to the NAPRA Model Standards for [Pharmacy Compounding](#). (See Section I)

## Specialty Services

### 1. Methadone (for Methadone Maintenance Treatment) N/A

- The pharmacy has fulfilled the requirements as outlined in the [Opioid Policy](#) and the [Key Requirements for Methadone Maintenance Treatment \(MMT\) – Fact Sheet](#).

<sup>1</sup> Once the Application for a Certificate of Accreditation has been processed, an email from Pharmapod (the independent third party provider of the online recording platform for the College's mandatory **Assurance and Improvement in Medication Safety (AIMS) Program**) with the subject line "Pharmacy Name – Invitation to Pharmapod" will be sent to the DM. The account must be activated for the pharmacy to be accredited.

A Community Operations Advisor (COA) will review the application package and contact the Designated Manager (DM) of the pharmacy to schedule an accreditation assessment.

### Additional resources:

- Guidance - [Accreditation and Operation of a Pharmacy](#)
- [Standards of Operation](#)
- [FAQs on Opening and Operating a Pharmacy](#)

For questions about:	Please contact:
<a href="#">Opening a Pharmacy</a> , the accreditation process, application package, status of your application, or pharmacy ownership	Pharmacy Applications & Renewals (PAR) <a href="mailto:pharmacyapplications@ocpinfo.com">pharmacyapplications@ocpinfo.com</a> or x3600
The <a href="#">Accreditation Assessment Criteria for Community Pharmacies</a> and scheduling the assessment	Your Community Operations Advisor (COA) or <a href="mailto:OCPAssessments@ocpinfo.com">OCPAssessments@ocpinfo.com</a>
Standards of accreditation, standards of operation, guidance documents and legislative references	Practice Consultants <a href="mailto:pharmacypractice@ocpinfo.com">pharmacypractice@ocpinfo.com</a> or x3500

# Remote Dispensing Location (RDL)

In accordance with [Ontario Regulation 264/16](#) of the *Drug and Pharmacies Regulation Act*, a holder of a Certificate of Accreditation to operate a pharmacy may apply for an amended certificate that permits the operation of a remote dispensing location. A remote dispensing location (RDL) is a premises where drugs are dispensed or sold by retail to the public and that is operated by, but not at the same location as, a pharmacy whose Certificate of Accreditation permits its operation. A RDL can either be an automated pharmacy system with Board of Director-approved technology or a place staffed by a regulated pharmacy technician supervised by a pharmacist who is present at the accredited pharmacy.

## Operating Pharmacy

Owner/Corporation Name

Pharmacy Name

Accreditation No.

Street Address

City

Province  
**ON**

Postal Code

## Remote Dispensing Location (RDL)

Street Address

City

Province  
**ON**

Postal Code

Description of Location

Usual & Customary Dispensing Fee

Proposed Opening Date

**RDL will contain an Automated Pharmacy System (APS)**

Please describe the technology:

**RDL will be a Dispensary**

Please list the name and OCP number of each pharmacy technician who will staff the RDL:

Registrant Name

OCP Number

Registrant Name

OCP Number

Registrant Name

OCP Number

## Director Liaison Signature

Director Liaison Name

OCP Number

Director Liaison Signature

Date Signed

K

# Operating a Lock & Leave

“Lock and Leave” allows a pharmacy to operate without a pharmacist physically present provided the pharmacy has the ability to “completely restrict” the public from access to any drugs referred to Schedule I, II or III. Any physical impediments or barriers shall be constructed such that the drugs are completely inaccessible to the public. The entire pharmacy area is accredited by OCP and the “Lock and Leave” permits the front shop area of the pharmacy to continue operating and allowing the sale of any drug in the unscheduled category (Schedule U) when the pharmacist is not present: <https://www.ocpinfo.com/practice-education/opening-operating-pharmacy/lock-leave/>

## Operating Pharmacy

Owner/Corporation Name

Pharmacy Name

Accreditation No.

Street Address

City

Province  
**ON**

Postal Code

## Lock & Leave

Please provide details about the fixtures used, including supporting documents such as floor plans, dimensions, pictures etc. in order to demonstrate restricted public access:

<b>L</b>	
----------	--

## Director Liaison Signature

Director Liaison Name

OCP Number

Director Liaison Signature

Date Signed

# Payment Information

Pharmacy Name	Accreditation No. (If Known)
Refer to the Schedule of Fees on our website <a href="https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf">https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf</a>	
Fee Line Number with Description	Total with Tax
	\$
	\$
	\$
	\$
<b>Grand Total</b>	\$

<input type="checkbox"/> I am enclosing a cheque made payable to the Ontario College of Pharmacists in the amount of:	Amount
	\$
<input type="checkbox"/> I authorize the Ontario College of Pharmacists to charge the credit card below in the amount of:	Amount
	\$

## Credit Card Authorization

Visa       MasterCard       American Express

Credit Card Number	Expiry Date (MM/YY)
Cardholder's Name	Telephone
Cardholder's Signature	Date Signed

The Pharmacy Accreditation year runs from May 10<sup>th</sup> to May 9<sup>th</sup> the following year. Once accredited, the fees submitted with your application will cover the accreditation of the pharmacy up to May 9<sup>th</sup> of a given year. The Certificate of Accreditation must then be renewed.

It is up to the applicant to determine their proposed date of opening with the knowledge that the College does not offer pro-rated application fees beyond those listed on page 1 of the application and that a renewal fee will be due by May 9<sup>th</sup> each year.

- **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](mailto:pharmacyapplications@ocpinfo.com) or fax to 416-847-8399.
- **If paying by cheque**, please mail your complete application and all supporting documentation to:

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

M