



Narcotic Signing Request Form

Attention: Client Services Department

Fax No.: (416) 847-8200

Date of the Narcotic Signing Authority Request:

Pharmacy Accreditation Number:

Pharmacy Name:

Pharmacy Address:

..... Postal Code:

Please provide narcotic signing for the Pharmacist(s) listed below:

Name: OCP Number:

Name: OCP Number:

Name: OCP Number:

Name: OCP Number:

I am the Designated Manager,
 Director or
 Owner

of this Pharmacy. I authorize narcotic signing privileges for the Pharmacist(s) listed above.

For any inquiries please contact me at () ext.

.....
Signature Name OCP Number

PLEASE NOTE: In order for this request form to be processed ALL fields must be completed.
Processing will be completed within 5 business days.
Check the College's Public Register for all Narcotic Signing updates at www.ocpinfo.com