



REPORTING TO THE COLLEGE: Pharmacy Dispensing Methadone

Fax to: Administrative Assistant, Pharmacy Practice Programs at OCP

Fax No. (416) 847-8292

Date this form is completed:

Pharmacy Details

The owner/designated manager of a pharmacy that dispenses methadone for either methadone maintenance treatment (MMT) or for pain (PAIN) shall inform the College within seven days of this practice*.

Pharmacy Accreditation Number:

Pharmacy Name:

Pharmacy Address:

Postal Code: Phone #: Fax#:

Hours of Operation: Days the pharmacy is open (including Holidays):

Methadone Training for DM *(within six months of starting to dispense methadone for MMT)*

Name of Designated Manager: OCP Registration No.:

Date CAMH Course Completed: **OR** CAMH Course Registration Date:

Although, there is no formal training, i.e. CAMH, ODT certification, required for dispensing methadone for pain, pharmacists need to be aware of the requirements regarding methadone. Pharmacists are expected to be familiar with the current Methadone for Pain Guidelines from CPSO.

Methadone Training for Staff Pharmacists *(within 1 year of starting to dispense methadone for MMT)*

Name: OCP#: CAMH Course Completion Date:

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Name: OCP#: CAMH Course Completion Date:

Purpose for dispensing Methadone at Practice Site

Methadone for Pain: Yes No

Are you accepting new Patients? Yes No

Methadone Maintenance Treatment (Addiction): Yes No

Are you accepting new Patients? Yes No

Note: Notify the Colleges of any changes in status at the practice site.

* Policy for Dispensing Methadone, Ontario College of Pharmacists