



Acknowledgment/Change of Designated Manager

Standards for Designated Managers

Date:

Accreditation Number:.....

Name of Pharmacy:

Location of Pharmacy:

I/We hereby acknowledge that I/We have read and understand the Standards of Practice for Pharmacy Managers, as approved by the Council of the Ontario College of Pharmacists and accept the responsibilities as defined in the Drug and Pharmacies Regulation Act (DPRR) Section 166.

Name of Owner:

Corporate Address:

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Name of Designated Manager:

OCP Number:

Owner's/Director's Name(s):

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Owner's/Director's Signature(s):

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Designated Manager's Signature:

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Effective date:

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Please Note:

Any changes to the board of directors must be accompanied by a copy of a Corporation Profile Report from the Ministry of Consumer and Business Services to confirm the indicated changes filed with the Ministry.

Changes to Designated Managers will be reflected upon the college receiving the signed form (pharmacist directors automatically assume responsibility in the absence of a Designated Manager)