



Pharmacy Closing Statement

*Must be filed within **30 days** of a pharmacy closing*

Overview

Every person who permanently closes a pharmacy must file a Pharmacy Closing Statement with the College within **30 days** of the closing. Please review the following information to assist you in completing this form:

1. Section 141 of the Drug and Pharmacies Regulation Act (DPRA) states:
Every person who permanently closes a pharmacy shall immediately remove all signs and symbols relating to the practice of pharmacy either within or outside the premises, shall remove and dispose of all drugs according to law and shall submit in writing to the Registrar such information and within such time as may be required by the by-laws. This includes all items and advertisements or media listings which refer to the premises as a pharmacy. The use of such advertising in connection with or at a premise other than an accredited pharmacy would contravene section 147 of the DPRA.
2. Upon closing, the owner/designated manager must inform the Office of Controlled Substances (OCS) within 10 days, the date of closure, the location to which the narcotics, controlled drugs, benzodiazepines and targeted substance were moved or transferred and the quantity of the controlled substance. All other drugs, prescription and non-prescription drugs (ie, Schedules I, II and III), are to be sold or transferred to another pharmacy or a registered drug wholesaler or returned to the manufacturer.
3. Any drugs that remain must be destroyed in an environmentally safe manner according the Standards of Practice. Permission from OCS is required prior to the destruction of narcotic and controlled drugs.
4. In compliance with Federal legislation (Controlled Drugs and Substances Act and Food and Drugs Act) Designated Managers and(or) Owners/Directors are reminded that records related to the purchase of Narcotics, Controlled Drugs, and Targeted Substances must be retained for a period of at least two years.
5. Patients must continue to be able to access their personal health information in the event of a transfer of records. Pharmacies are required to take reasonable efforts to give notice to the individuals to whom the records relate before transferring the records or, if that is not reasonably possible, as soon as possible thereafter. If it is not reasonable to contact each individual, multiple means of providing notice should be adopted including placing a notice on the pharmacy's website, leaving a message at the pharmacy's telephone number, and/or posting a notice where members of the public can readily view it.
6. Any patient records created after March 11, 2011 must be maintained for a period of at least 10 years from the last professional encounter with the patient. The Narcotic and Controlled Drug registers must be available for inspection and audit for two years after the pharmacy closes. In addition, under the Ontario Drug Benefit Act, Drug Benefit invoices, eligibility cards and special authorization forms must be available for at least two years or as required by the Ontario Drug Benefit Program.



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Pharmacy Information

Owner of Pharmacy/Corporation Name:

Accreditation Number:

A Name of Pharmacy: (Name by which the pharmacy is known to the public)

Date of Closing:

Disposition of Narcotic and Controlled Drugs

Name of Pharmacy or Wholesaler:

Accreditation Number:

B Address of Pharmacy:

City/Town:

Province:

Postal Code:

Disposition of Prescription Drugs Schedule I / Prescription Drug List (PDL)

Same as Section B

Name of Pharmacy or Wholesaler:

Accreditation Number:

C Address of Pharmacy:

City/Town:

Province:

Postal Code:

Disposition of Schedule II + III / Non-Prescription Drugs

Same as Section C

Name of Pharmacy or Wholesaler:

Accreditation Number:

D Address of Pharmacy:

City/Town:

Province:

Postal Code:



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Disposition of Patient Records

Same as Section D

Name of Pharmacy:

Accreditation Number:

E

Address of Pharmacy:

City/Town:

Province:

Postal Code:

Disposition of Patient Records Agreement

To be completed by the Owner or Designated Manager of the pharmacy accepting the patient files from the closing pharmacy

I agree to accept the patient files and refill records from the pharmacy submitting this closing statement and acknowledge that in doing so I am responsible for making these files available to the patients and for inspection and audit purposes by the College and the Ontario Ministry of Health.

Owner/Designated Manager Signature

OCP Number

Date

Removal of Signs & Symbols Relating to the Practice of Pharmacy

F

Date removed:

Additional Comments:

Signature of Owner or Designated Manager

OCP Number

Date

Submit completed forms by email to pharmacyapplications@ocpinfo.com,
or fax to 416-847-8399,

or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4