

Notice of Pharmacy Renovation

In order to remain compliant with the regulations under the Drug and Pharmacies Regulation Act (DPRA), the College must be notified and approve of any material change to the size or physical layout of an existing accredited pharmacy.

PHARMACY INFORMATION

A	Notification Date:	
	Pharmacy Owner/Corporation Name:	
	Pharmacy Name:	
	Pharmacy Accreditation Number:	
	Pharmacy Address:	

DESCRIPTION OF PHARMACY CHANGES

B	Please provide details of the proposed changes to the pharmacy and submit a pharmacy floor plan with dimensions clearly marked:	
	Proposed Completion Date:	

DIRECTOR LIAISON ACKNOWLEDGEMENT

C	Director Liaison Name:	
	OCP Number:	
	Signature:	
	Date:	