



ACPC

Association of Compounding
Pharmacists of Canada

*Advocating for, promoting, and preserving the historical art of compounding,
consistent with professional Standards of Practice*

MEMBERSHIP APPLICATION

PART I: APPLICANT & PHARMACY INFORMATION

NEW: _____ RENEWAL: _____ MEMBER SINCE: _____

Name	Pharmacy Name
Street Address	Pharmacy Address
City, Province, Postal Code	City, Province, Postal Code
Phone () -	Phone () -
E-Mail Address	Fax () -
Preferred Mailing Address (check) Home () Work ()	Province of Licensure 1. Lic #: 2. Lic #: 3. Lic #: 4. Lic #:

Graduate of: _____ Year: _____ Degree: _____

Pharmacy Organizations (Member) _____

Please identify types of compounding in which you are involved (e.g., sterile, non-sterile, specialty compounding):

TOTAL FLOOR AREA OF PHARMACY: _____ sq. ft.

FLOOR AREA, RX DEPT ONLY (incl. compounding area): _____ sq. ft.

FLOOR AREA, COMPOUNDING AREA **ONLY**: _____ sq. ft.

Please provide a sketch of the pharmacy layout below, showing front shop, dispensary, and compounding areas. If you have previously provided a floorplan, you may skip this part **UNLESS THERE HAS BEEN A MATERIAL CHANGE TO THE SIZE OR PHYSICAL LAYOUT** since the last membership renewal.

Criteria for Membership in the *Association of Compounding Pharmacists of Canada (ACPC)*

For purposes of these criteria, "Board" shall mean the Board of Directors of the ACPC.

GENERAL

The ACPC is an association of practising Canadian pharmacists, and not one of member pharmacies. As it is the vision and purpose of the ACPC to promote compounding pharmacy practice and give voice and support to independent compounding pharmacists in Canada it is imperative that membership be open only to pharmacists who practise in an independent Canadian setting. Pharmacists who are, or who become, associated with a publicly traded company are not eligible for membership in ACPC.

Other membership criteria include:

1. Members must be Canadian licensed, practising pharmacists in good standing with peers and their respective provincial or territorial licensing authorities.
2. Members provide evidence acceptable to the Board of a post-graduate training program (non-university) in compounding (eg, PCCA).
3. Members provide evidence to the Board of ongoing continuing education related to compounding (seminars, symposiums, refresher courses, etc) that is deemed satisfactory to the Board. This shall be provided annually at time of membership renewal. Members apply this training at their primary practice site, in daily practice.
4. Good Compounding Practices ("GCP") are followed. Evidence deemed relevant to show compliance to such Practices shall be provided to the Board upon request.
5. A physically separate area in the pharmacy is designated for compounding, in addition to provincial and territorial accreditation requirements.
6. Members shall comply with provincial, territorial and federal regulations and standards as they relate to compounding.
7. Members may be pharmacy owners, pharmacy managers, staff pharmacists or other class of registered pharmacist.
8. Associate Memberships for persons having direct involvement in pharmacy compounding may be considered for eligibility by the Board from time to time. Such

membership shall not carry voting privileges.

Membership in the ACPC is a privilege and not a right. Membership may be revoked if these criteria are not maintained. The Board shall have the final say in granting or refusing membership.

OBJECTS of the ACPC

Internal Relations

- To provide or facilitate communications between members and or the association
- To promote standards of good practice.
- To facilitate ongoing training and education for members.

External Relations

- To promote the practice of Compounding within the healthcare system.
- To be a point of reference and liaison between stakeholders and other interest groups.
- To act as an advocate on compounding matters.
- To promote and facilitate communications with the press, public and other interest groups on matters concerning pharmacy compounding.

PART II: DECLARATION by MEMBER/APPLICANT

By signing and dating below, I affirm that the information contained in this application is true and accurate, to the best of my knowledge. I also consent to the ACPC verifying this information as necessary, including my being a member in good standing with my provincial licensing body(ies).

I also affirm:

- i) that I have read, understand, and shall comply with the “Criteria for Membership in ACPC” and will abide by those criteria at all times during my membership, as well as with all by-laws of the Association;
- ii) that as a condition of membership in the ACPC, I acknowledge that I am not employed by or associated with a publicly traded company, and that should that occur I must forfeit my membership forthwith in writing to the ACPC Board of Directors; and
- iii) that should I fail to comply with any of the above criteria, it shall constitute grounds for revocation of my membership with no compensation therefore.

Signature of Member/Applicant: _____

Date: _____

PART III: PAYMENT

This application must be accompanied by the annual membership fee [\$250+GST for voting members (pharmacists); \$75+GST for non-voting members (technicians)].

Method of Payment (payable to “Association of Compounding Pharmacists of Canada”):

Money Order () Cheque () Amount Enclosed: _____

Preferred Method for Receipt of Information (NB: c/o main pharmacy unless notified otherwise by each registrant):

Phone () Fax () E-mail () Mail ()

*** Please visit the ACPC website (www.acpcrx.org), and determine if you would like to have either your pharmacy website link, pharmacy e-mail address, or both thereon, and indicate as such below:**

_____ Pharmacy website (URL address: _____)

_____ Pharmacy e-mail address (per page 1, or: _____)