



Association of Compounding  
Pharmacists of Canada

## 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 operating as a pharmacy 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 having successfully completed 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 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. Notwithstanding criteria 1, 2 and 3, the Board may deem a pharmacist eligible for full membership in cases where the skill set, knowledge, and experience of the prospective member would be considered to be of positive benefit to the Board and to the Association.
9. 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 violated. The Board shall have the final say in granting or refusing membership.*

Suite 308, 14845-6 Yonge Street  
AURORA, ON L4G 6H8  
(905) 713-0443

**ACPC Membership - 2018**



Association of Compounding  
Pharmacists of Canada

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

## MEMBERSHIP APPLICATION

NOTE : All parts of the application are required unless otherwise exempted.

### PART 1 : APPLICANT INFORMATION

New       Renewal      Member Since : \_\_\_\_\_

Name :	
Pharmacy Name :	
Title :	
Pharmacy Address :	City, Province, Postal Code :
Applicants Province of Licensure and Licence Number :	E-Mail Address :
Phone Number :	Fax Number :

Graduate of : \_\_\_\_\_

Year of Graduation : \_\_\_\_\_ Degree : \_\_\_\_\_

List all pharmacy organizations in which you are an active member :

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP RENEWALS ONLY** : Indicate continuing education related to compounding which was completed in the past year (eg: seminars, symposiums etc.).

\_\_\_\_\_

\_\_\_\_\_


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**PART 2 : PHARMACY INFORMATION**

If you have previously provided a floor plan and there have been no material changes to the size or physical layout, please move forward to PART III.

Provide a sketch of the pharmacy layout below, showing front shop, dispensary and compounding areas.



*Please clearly indicate your unit of measurement.*

Floor area : compounding area **only** : \_\_\_\_\_

Floor area : dispensing area,  
**including** compounding area : \_\_\_\_\_

Total floor area of the pharmacy : \_\_\_\_\_

**PART 3 : WEB SITE INFORMATION**

Please indicate if you would like to have any of the following listed on the ACPC website at [www.acpcrx.org](http://www.acpcrx.org)

Pharmacy Web Site : \_\_\_\_\_

Pharmacy E-mail : \_\_\_\_\_

Specialized Services (Please check all that apply) :

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A - Autism              | <input type="checkbox"/> H - Hormones    | <input type="checkbox"/> Nm - Natural Medicine |
| <input type="checkbox"/> Dt - Dentistry          | <input type="checkbox"/> I - Injectables | <input type="checkbox"/> Hp - Homeopathy       |
| <input type="checkbox"/> De - Dermatology        | <input type="checkbox"/> P - Pain        | <input type="checkbox"/> N - Naturopathy       |
| <input type="checkbox"/> G - General Compounding | <input type="checkbox"/> Pd - Pediatrics |  |
| <input type="checkbox"/> O - Ophthalmology       | <input type="checkbox"/> V - Veterinary  |  |

**PART 4 : 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 the 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 operating as a pharmacy, and 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 (dd-mm-yyyy) :** \_\_\_\_\_

## PART 5 : PAYMENT INFORMATION

Method of payment (payable to "Association of Compounding Pharmacists of Canada"):

PayPal/Credit Card <http://www.acpcrx.org/register>

[CLICK HERE TO PAY](#)

Please fax or email all completed forms to the Association of Compounding Pharmacists of Canada at [416-765-0021](tel:416-765-0021) or [info@acpcrx.org](mailto:info@acpcrx.org). ACPC does not send commercial electronic message to members.

[SEND BY FAX](#)

[SEND BY EMAIL](#)

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