



Pharmacy Compounding Declaration

Date: _____

Pharmacy Information

Pharmacy: _____ SCPP Permit #: _____

Address: _____ City: _____ Postal Code: _____

Phone #1: _____ Fax #1: _____ Email: _____

Phone #2: _____ Fax #2: _____ Website: _____

Hours of Operation

Mon – Fri: _____ Sat: _____ Sun: _____ Holidays: _____

Pharmacy Staff

Pharmacy Manager: _____ SCPP License #: _____

Compounding Supervisor: _____ SCPP License #: _____

Pharmacists on Staff:

Pharmacy Technicians on Staff:

Pharmacy Assistants on Staff:

Compounding Services to be Provided

Non-Sterile Compounding -

Please identify if you will be compounding beyond the minimum requirement of Level A

Level B - Yes: No:

Level C - Yes: No:

Non-Hazardous Sterile Compounding: Yes: No:

Hazardous Sterile Compounding: Yes: No:

Signature of Pharmacy Manager: _____

*Please sign and submit declaration along with completed applicable gap analysis checklist to
Brittany Sharkey (email: info@saskpharm.ca fax: 306-584-9695)*