



PRELIMINARY EVIDENCE REPORT (PER) INITIAL AND RENEWAL CHECKLIST

[ PHARMACY CERTIFICATION]

This checklist constitutes the requirements of the PER, which is mandatory for organizations applying for PCAB Certification Program for Canadian Compounding for Sterile and/or Non-Sterile Pharmacy Compounding.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Required items to be submitted to the Accreditation Commission for Health Care (ACHC):

- Certification application
- Non-refundable deposit
- Current pharmacy Licence
- Organizational chart
- Sample of Master Formulation Record
- Policies and procedures for the following:
 - Standard CDNC5-E
 - Standard CDNC5-G
 - Standard CDNC6-P (Non-Sterile Compounding)
 - Standard CDNC6-Q (Sterile Compounding)
 - Standard CDNC6-O (Sterile Compounding)

Disclosure of Pharmacy Citations (check only one):

- The facility is not currently under citation by any federal/provincial/territorial regulatory authority (Health Canada, College of Pharmacy, etc.)
- Citation(s) by any federal/provincial/territorial regulatory authority were previously submitted by the facility with the application
- I am submitting with this PER Checklist citation(s) by federal/provincial/territorial regulatory authority(s)

Confirmation of the following (initial in spaces provided):

_____ I attest that this organization possesses all policies and procedures as required by the Certification Standards
 _____ *For initial certification only:* I acknowledge that this organization was/is/will be in compliance with the Certification Standards as of _____ (date)

I, having the authority to represent this organization, verify that _____ (organization's legal name) has met the above requirements for survey. Failure to meet any of the aforementioned requirements when the ACHC Surveyor arrives on site may result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements. I agree that during my certification with ACHC that if my facility is under citation by any federal/provincial/territorial regulatory authority that I will notify ACHC within ten (10) calendar days.

(Name)

(Title)

(Date)

(Signature)