

Registration Application for NEW

Regulated Health Professionals / Healthcare Providers

Tel: (416) 327-0837 / Fax: (416) 327-0818

This application is intended for **Toronto** Regulated Health Professionals/Healthcare providers who wish to set up an account to order publicly funded vaccines from the Ontario Government Pharmaceutical and Medical Supply Services (OGPMSS)

NOTE: Your Office must be within the “M” postal code. Vaccines must NOT be taken outside this area.

- If you have any questions regarding the completion of this form, please contact OGPMSS at 416-327-0837.
- Maintain no more than one month’s supply in your vaccine fridge at any time.
- Weekly delivery schedule: Staff **MUST** be available to receive your vaccine order on your delivery day.
- Vaccine will **NOT** be delivered to physician’s home address unless that site is where the practice is located.
- Orders **CAN ONLY** be picked up from the OGPMSS **by APPOINTMENT ONLY**. All others will be turned away.

Fax your completed form to OGMPSS **416-327-0818**. Please allow up to 10 business days for processing.

The information on the form is collected, used and disclosed under the authority of the Health Protection and Promotion Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

PRACTICE INFORMATION (PLEASE PRINT IN BLOCK)

Legal Name of Practice/Premise			
Name of Regulated Health Professional/Healthcare Provider (Last Name, First Name)			Registration Number
Unit Number	Street Number	Street Name	
City		Postal Code	Phone Number
Fax		Email	

CONTACT PERSON

Contact Name (Last Name, First Name)	Telephone Number
Email	Fax Number

ALTERNATE DELIVERY UNIT/SUITE NUMBER (with monitored refrigerator that is inspected annually by Toronto Public Health)

MUST BE LOCATED AT THE SAME STREET ADDRESS AS YOUR PREMISE/PRACTICE. Please Note: Our Driver will not deliver/leave your vaccine order(s) with a pharmacy.	
Practice/Premise Name	Unit/Suite Number

TYPE OF PRACTICE

☐ Solo (One Doctor ONLY)	☐ Group (Two or more Doctors)	☐ Hospital	☐ Physician
☐ Paediatrician	☐ Midwife	☐ Nurse Practitioner	☐ Pharmacy
☐ LTC Home	☐ Retirement Residence	☐ Community Health Centre	☐ Walk-In-Clinic
☐ Health Care Agency	☐ Other		

Approximate Total Number of Clients in Practice	% of Children	% of Adults	% of Seniors
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Complete ALL 3 pages, sign and submit

GROUP PRACTICE DETAILS (If you need more space, please add another sheet)

HEALTHCARE PROVIDER NAME	REGISTRATION NUMBER

FOR TORONTO PUBLIC HEALTH USE

VACCINE REFRIGERATOR INFORMATION

Number of vaccine refrigerators at your premise

Refrigerator Type: ☐ Domestic ☐ Bar ☐ Purpose Built: -

VACCINE & DRUG ORDERING

We Will Order: ☐ Routine Vaccines ☐ TB Drugs ☐ Influenza

ACCOUNTABILITY STATEMENT

PLEASE NOTE:

While administrative staff are permitted to fill out these forms, the accountability statement is to be signed by a licensed physician or the authorized health professional responsible for the clinic/group.

I verify on behalf of the practice that all information provided in this application is accurate. I will review, implement, and comply with the Ministry of Health’s Vaccine Storage and Handling Guidelines and Protocols. I understand that I am required to store publicly funded vaccines in a Toronto Public Health inspected refrigerator(s) that maintains temperatures between +2.0°C and +8.0°C, monitor and record refrigerator temperatures twice daily, maintain accurate temperature logs onsite for a minimum of two years and make the logs accessible to Toronto Public Health upon request. I agree to administer publicly funded vaccines in accordance with the Publicly Funded Schedules for Ontario and all applicable laws. I agree that I will take due diligence to mitigate wastage of publicly funded vaccines which includes, but not limited to, storing no more than a one-month supply of vaccines, having a contingency plan to manage power outages and electrical disruptions or refrigerator malfunction and reporting adverse storage conditions to Toronto Public Health in a timely manner.

Furthermore, I/We understand that should we choose to pick up our vaccines from the Ontario Government Pharmaceutical and Medical Supply Services (OGPMSS) it is my/our facilities responsibility to arrange for safe vaccine transport from the OGPMSS using a Ministry of Health-approved insulated container to my facility.

I/We hereby certify that products are for the use of Public Health Programs and will not be resold to individuals or organizations.

Print Full Name: _____

Signature: _____

Date: _____

Fax ALL 3 pages of your application to OGPMSS at 416-327-0818.
Please allow up to 10 business days for processing.