



# Oregon

John A. Kitzhaber, MD, Governor

**Oregon Board of Pharmacy**

Gary Miner, R.Ph.

Compliance Director

800 NE Oregon Street, Suite 150

Portland, OR 97232

Phone: 971 / 673-0001

Fax: 971 / 673-0002

E-mail: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)

Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

## Pharmacist-In-Charge and District Manager Verification and Acceptance of Board Order

I verify that \_\_\_\_\_ became employed with  
\_\_\_\_\_ located at  
\_\_\_\_\_ in (city)  
\_\_\_\_\_ on (date) \_\_\_\_\_

### **(PIC and district manager, verify the statement below with your initials.)**

\_\_\_\_\_ I have reviewed a copy of probationer's Board Order and Notice of  
Disciplinary Action for Case No(s) \_\_\_\_\_.

\_\_\_\_\_  
PIC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
District Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

I am not currently employed in a pharmacy setting.

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Licensee shall submit this acknowledgement form to the Board office within 15 calendar days.*