

OREGON BOARD OF PHARMACY

TO: All County Health Clinic Registrants

FROM: Oregon Board of Pharmacy

DATE: January 5, 2012

RE: Required Supplemental Information

Oregon Board of Pharmacy

License Number

Clinic Name:

Physical Location address

Location Phone Number

Mailing Address

Please list the name of your clinic administrator, health officer and registered nurse.

Clinic Administrator:

Health Officer (Physician)

Registered Nurse:

Contact Name

Contact Title

Contact Phone

Contact Email:

Federal Tax ID #

***ALL FIELDS MUST
BE COMPLETED FOR PROCESSING.***