



Oregon

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Oregon Board of Pharmacy

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Probationer Quarterly Self Assessment

Date: ____ / ____ / ____ (Due the first day of Feb., May, Aug., Nov.)

Licensee Name: _____

Case Number: _____

Work site name and location: _____

Average hours worked per week? _____ Max in one week? _____

Number of Sites Worked: _____

1. **Attendance:** number of missed workday's _____
Explanation: (include dates and reason for absences)

2. **Have you had a change in your job/position/employer this quarter?**
YES NO

3. **Have you provided the required notification forms to the Board?**

A. Change of PIC/DM form? YES NO

B. Signed Meeting Logs (if required by Board Order)

C. New medication list (OTC and Rx)

4. **Were there any work related issues this quarter?** YES NO
(dispensing errors, staffing problems, missing inventory, etc.) Please describe:

5. **Additional Comments:**

Signature _____