

OREGON BOARD OF PHARMACY

TO: All Family Planning 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, Consultant Pharmacist
& Registered Nurse or Nurse Practitioner.

Clinic Administrator: _____

Consultant Pharmacist: _____

Consultant License Number: _____

Registered Nurse or Nurse Practitioner: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Fed Tax ID #: _____

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