

OREGON BOARD OF PHARMACY

TO: All Family Planning Clinic Registrants

FROM: Oregon Board of Pharmacy

DATE: January 15, 2014

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
Practitioner.

Clinic Administrator: _____

Consultant Pharmacist: _____

Consultant License Number: _____

R.N. or Nurse Practitioner: _____

Contact Name: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Federal Tax ID # _____

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