



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

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Employer Verification and Acceptance of Board Order

I verify that (licensee name) _____

became employed with (name of pharmacy)

located at: _____

in (city) _____ on (date) _____

Please verify the statement below and sign for confirmation

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

Direct Supervisor Signature

Date

Print Name and Title

Phone Number and e-mail address

District Manager (or person direct supervisor reports to) Signature

Date

Print Name and Title

Phone Number and e-mail address

I am not currently employed in a pharmacy setting.

Name: _____ Case Number: _____

Signature: _____ Date: _____

Licensee shall submit this acknowledgement form to the Board office as required in their Consent Order.

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.