



Oregon

Kate Brown, Governor

Oregon Board of Pharmacy

800 NE Oregon St. Suite 150

Portland, OR 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.compliance@bop.oregon.gov

www.oregon.gov/pharmacy

Pharmacist-In-Charge and District Manager Verification and Acceptance of Board Order

I verify that _____ became employed with name of pharmacy
_____ located at
_____ in (city)
_____ on (date) _____

(PIC and district manager, verify the statement below with your initials.)

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

PIC Signature

Date

Print Name

Phone Number

District Manager's Signature

Date

Print Name

Phone Number

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.