



Georgia Board of Pharmacy

A Division of the
Georgia Department of Community Health

GEORGIA BOARD OF PHARMACY
A Division of the Georgia Department of Community Health
2 Peachtree St., N.W., 36th Floor
Atlanta, GA 30303

Employer Quarterly Report
Form

Instructions to employer: Please complete this form to assist the Board of Pharmacy in monitoring the practice of this pharmacist. **ALL** reports should be mailed to the Board office by reporting period ending March 31st, June 30th, September 30th, and December 31st.

Reporting Period _____ Supervisor's Name _____

Name of Licensee _____ License Number _____

Name of Pharmacy _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Licensee's: Position _____

Schedule _____

Categories	Comments
Attendance	
Quality of Work	
Attitude	
Number of Hours Worked	

Additional Comments _____

Signature of Preparer _____

Printed Name of Preparer _____

Title of Preparer _____

Date _____