



Georgia Board of Pharmacy

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

www.gbp.georgia.gov

GEORGIA BOARD OF PHARMACY EMPLOYER QUARTERLY REPORTING 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 _____