



Georgia Board of Pharmacy

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East Tower

Atlanta, GA 30334

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GEORGIA BOARD OF PHARMACY PERSONAL QUARTERLY REPORTING FORM

ALL reports should be mailed to the Board office for reporting periods ending March 31st, June 30th, September 30th and December 31st.

Name of Licensee: _____ License Number: _____

Address: _____

My aftercare remains with: _____

Address: _____

My employer is: _____

Address: _____

I have attended/completed the following:

_____ Group meetings each month _____ 12-step meetings each week

_____ Random observed drug screens have been submitted _____ Verified that treatment & employer quarterly reports have been submitted

_____ Other: _____

Other information that I wish the Board to be aware of: _____

Report for quarter ending: _____

Signature: _____

Date: _____