



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

Table with 2 columns: Categories, Comments. Rows include Attendance, Quality of Work, Attitude, Number of Hours Worked.

Additional Comments

Signature of Preparer

Printed Name of Preparer

Title of Preparer

Date