



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: