

QUARTERLY REPORT OF COMPLIANCE

All Quarterly Reports must be received in the office of the Iowa Board of Pharmacy by the 5th day of March, June, September, and December of each year. Failure to submit Quarterly Reports as required may result in further disciplinary action.

(Please print or type)

| | | |
|--|--------------|-------------------------|
| Name: <i>Last</i> | <i>First</i> | <i>Middle</i> |
| Home Address: <i>Number & Street</i> | | |
| Work Address: <i>Company, Number & Street</i> | | <i>City, State, Zip</i> |
| Home Phone: | | Work Phone: |

Since your last Quarterly Report have you:

- (a) Been arrested, charged, or convicted of any violation of Federal or State statute, County or City ordinance? Yes No
- (b) Been arrested, charged, or convicted of any Federal or State law pertaining to the furnishing or using of narcotics or dangerous drugs? Yes No
- (c) Had any problems securing or maintaining employment? Yes No
- (d) Complied with each and every condition of the terms of your probation? Yes No

Explain in detail (on reverse) any "yes" answers to questions (a), (b), and (c) and any "no" answer to question (d).

I hereby submit this Quarterly Report of Compliance as required by the Iowa Board of Pharmacy and its Order and terms of probation thereof, and declare under penalty of perjury under the laws of the state of Iowa that I have read the foregoing Report in its entirety and know its contents and that all statements made are correct in every respect, and understand that misstatements or omissions of material fact may be cause for further disciplinary action.

signature

date

qrpt of compliance