

PHARMACY PROBATION SELF-ASSESSMENT REPORT
Non-Drug Related

Report Due: Monthly for the first 6 months of full compliance and then quarterly thereafter.

Case #: _____

Name of Probationer: _____

Profession: _____

Report Date ___/___/___

DOPL

ATTN: COMPLIANCE

PO BOX 146741

SALT LAKE CITY UT 84114-6741

1. If required, how many continuing education hours are required? _____ hrs
2. How many have you completed? _____ hrs
3. When did you start to complete those hours? ___/___/___
4. What topics are you studying?
5. Have you engaged in the behavior or any similar behavior to that which brought you before the board? No Yes If Yes, explain:
6. What are your current stressors and what coping skills have you applied to deal with the stress?
7. If required, are you participating in any therapy? No Yes. If Yes, what have you learned?
8. Are you employed? No Yes. If Yes, where?
9. Is your employer aware of your Order? Yes No
10. Has your employer notified DOPL acknowledgement of the Order in writing? Yes No
11. Explain your job responsibilities and the type and frequency of supervision you are receiving while working?
12. Since your last report, have you had any criminal charges or convictions? No Yes. If Yes, explain?
13. What have you learned during this probationary period?
14. Any comments you would like to share?