



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:**

**CQI Meeting Report**  
Form C-500

**CONTINUOUS QUALITY IMPROVEMENT MEETING REPORT**

**INFORMATION**

Date of Report	Date of Meeting
Facility Name	

**PHARMACY EMPLOYEES IN ATTENDANCE** (Attach additional lists as needed.)

Name	License/Registration Number
Name	License/Registration Number
Name	License/Registration Number
Name	License/Registration Number
Name	License/Registration Number
Name	License/Registration Number
Name	License/Registration Number

**DETAILS OF INCIDENT(S)** (Use multiple copies of Page 2, as needed, to cover all incidents for the quarter.)

Incident Type:	Rx Numbers:
Description of the Steps Taken or to be Taken to Prevent Recurrence of Each Incident Reviewed:	

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Description of the Steps Taken or to be Taken to Prevent Recurrence of Each Incident Reviewed:	

**PIC CERTIFICATION**

*The information contained in this form is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED



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