

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056
pharmacy@ks.gov Fax (785) 296-8420

**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 of Pharmacist-In-Charge (attendance required)	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
Name	License/Registration Number

KANSAS STATE BOARD OF PHARMACY NEWSLETTER REVIEW (required-K.A.R. 68-19-1)

Newsletter date(s) _____ Reviewed during meeting: _____ (PIC initials)
_____ Reviewed during meeting: _____ (PIC initials)

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:	

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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