



**Alabama State Board of Pharmacy
111 Village Street
Birmingham, Alabama 35242
(205) 981-2280**

Pharmacy Reciprocity Interview Attendance Sheet

PLEASE PRINT

Name of Participant: _____ Pharmacy #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Pharmacy Reciprocity Interviews: A New Requirement for Pharmacists who Conduct Business in Alabama

Date of Attendance:

___ October 21, 2014 ___ November 17, 2014 ___ December 15, 2014

Participation Method:

___ Satellite Broadcast ___ Internet Webcast ___ Audiobridge

I attest that I viewed/listened to the entire program: _____
(Signature)

**Return your completed Attendance Sheet to the
Alabama Board of Pharmacy
Email: lmartin@albop.com
Fax: (205) 981-2330**