



Pharmacy Personnel Termination Report

Illinois Department of Financial and Professional Regulation - Division of Professional Regulation
100 West Randolph Street, Suite 9-300
Chicago, Illinois 60601

1. As set forth in 225 ILCS 85/30.1, the pharmacy or pharmacist in charge must file this report with the Department anytime a pharmacist, registered certified pharmacy technician, or a registered pharmacy technician licensed by the Department is terminated for actions which may have threatened patient safety.
2. This report must be filed within sixty (60) days after a pharmacy's determination that a report is required under the Act.
3. Email this completed signed form to FPR.PharmacyAdverse@Illinois.gov

Person Making the Report

NAME: FIRST	MIDDLE	LAST	TITLE:
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ADDRESS:

EMAIL:	PHONE NUMBER:
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Subject of the Report

NAME: FIRST	MIDDLE	LAST
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LAST KNOWN ADDRESS:

PHONE NUMBER:

LICENSE NUMBER:

Description of the Report (A brief description of the facts which gave rise to the issuance of the report, including dates of occurrence.)

Please use additional pages if needed.

CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I herein certify that this Pharmacy Personnel Termination Report and the information herein are true and accurate.

SIGNATURE:	DATE:
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