



**COMPLIANCE STATEMENT**

DATES OF MISSOURI DISCIPLINE

PROBATION \_\_\_\_\_ TO \_\_\_\_\_

HAVE YOU REVIEWED THE PHARMACY/DRUG DISTRIBUTOR'S DISCIPLINARY ORDER/SETTLEMENT AGREEMENT IN THE LAST SIX (6) MONTHS?

 YES  NOI/WE HAVE DONE THE FOLLOWING TO COMPLY WITH **EACH** REQUIREMENT OF THE DISCIPLINARY ORDER/SETTLEMENT AGREEMENT. (ATTACH SEPARATE SHEET IF NECESSARY)**CONSULTANT INFORMATION**

If a consultant is a requirement of your discipline, answer the following.

NAME OF CONSULTANT

CONSULTANT TELEPHONE NUMBER

ADDRESS OF CONSULTANT

DATE OF LAST VISIT

DATE OF NEXT VISIT

CONSULTANT E-MAIL ADDRESS

LIST ANY CHANGE YOU HAVE MADE TO YOUR OPERATION BASED ON YOUR CONSULTANT'S LAST REPORT (ATTACH ADDITIONAL SHEETS IF NECESSARY).

By my signature below, I hereby attest that I am a partner, corporate officer, or the sole proprietor of the pharmacy/drug distributor named in this compliance report, and the report has been completed knowingly, truthfully and completely, without omissions. I understand that this pharmacy/drug distributor must comply with federal and state laws and regulations, including that the facility shall maintain a pharmacist/manager-in-charge for the facility and such pharmacy/drug distributor shall be conducted and operated in full compliance with state and federal laws and regulations. All the information contained in the report and any attachments hereto are true and correct to my best knowledge and belief. I understand that any false statement or material omission may result in discipline or further penalty under state law. I hereby certify under the penalty of perjury that the above statement, as well as all information provided herein are true and correct.

SIGNATURE OF SOLE PROPRIETOR, PARTNER OR CORPORATE OFFICER

DATE

PRINT NAME

TITLE