



**ARIZONA STATE BOARD OF PHARMACY**  
**1700 W. Washington Street, Suite 250, Phoenix, AZ 85007**  
**VOICE (602) 771-2727**  
**www.azpharmacy.gov**

## **TERMINATION OF EMPLOYMENT**

(PRINT using BLOCK letters or TYPE - illegible applications will not be processed)

***While use of this particular form is not required, termination of employment for reasons stated below must be reported.***

### **A.R.S. § 32-1927 (E):**

The pharmacy permittee or pharmacist in charge of a pharmacy located in this state must inform the board if a pharmacist, pharmacy intern or graduate intern employed by the pharmacy is terminated because of actions by the pharmacist, pharmacy intern or graduate intern that appear to show that the pharmacist, pharmacy intern or graduate intern is or may be professionally incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of pharmacy, along with a general statement of the reasons that led the pharmacy to take the action. The pharmacy permittee or pharmacist in charge of a pharmacy located in this state must inform the board if a pharmacist, pharmacy intern or graduate intern under investigation resigns or if a pharmacist, pharmacy intern or graduate intern resigns in lieu of disciplinary action by the pharmacy. Notification must include a general statement of the reasons for the resignation. A person who reports information in good faith pursuant to this subsection is not subject to civil liability.

( First Name )	( Middle Name )	( Last Name )		
( Registration / License # )	( SSN # )	( DOB )	( Phone # )	
( Street Address )	( City )	( County )	( State )	( Zip )
( Pharmacy )				
( Last Date of Employment )	( Permit # )	( Phone # )		
( Reason for Termination )				
( PIC Name )				

**To the best of my knowledge and belief the foregoing application is true and current in all respects.**

( Signature of PIC )

( Date )