

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0324] \$25.00

RECEIPT # _____

BATCH DATE _____

ENTERED BY _____

FEE \$25.00

ALL FEES ARE NON-REFUNDABLE

REQUEST TO RETAKE MULTISTATE PHARMACY JURISPRUDENCE EXAM

I wish to retake Oregon's Multistate Pharmacy Jurisprudence Exam. Attached is my \$25.00 retake fee. Personal check or money order to be made payable to The Oregon Board of Pharmacy.

SIGNATURE _____

PRINTED NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

PHONE _____ EMAIL _____

*ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK
FEE PURSUANT TO ORS 30.701(5)*

Revised January 6, 2012