

# Request for Consideration by the Pharmacy Quality Assurance Commission



## NOTICE

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**Instructions:** Email completed form and relevant policies, procedures, draft rule language, or other documentation to [wspqac@doh.wa.gov](mailto:wspqac@doh.wa.gov) at least 60 days before the earliest preferred meeting date.

Name:

Credential number, if applicable:

Email:

Phone Number:

Representative entity, if applicable:

Entity's license number, if applicable:

Commission Meeting Date Preferences (for meeting dates, see [Commission Meeting Information](#)):

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

**Situation:** (Briefly describe the current situation and pertinent issues.)

Click or tap here to enter text.

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**Background:** (Give a clear and succinct overview of pertinent history.)

Click or tap here to enter text.

**Assessment:** (Summarize the facts of the situation and offer your assessment of the situation.)

Click or tap here to enter text.

**Request:** (What action(s) are you asking the commission to take and by when?)

Click or tap here to enter text.