

# Kappa Psi Pharmaceutical Fraternity

## Risk Management Verification Form

Chapters and Provinces should complete this form once annually.

**Chapter / Province Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Date of discussion about  
the Risk Management Policy:** \_\_\_\_\_

**Chapter Regent /  
Province Satrap Name:** \_\_\_\_\_

**Regent / Satrap Signature:** \_\_\_\_\_

**Grand Council Deputy Name:** \_\_\_\_\_  
(Chapters only)

**G.C.D. Signature:** \_\_\_\_\_  
(Chapters only)

Please mail completed form by U.S. Mail only to:

**The Central Office - Kappa Psi Pharmaceutical Fraternity  
2060 N Collins Blvd Suite 128  
Richardson, TX 75080-2657**

Please do not e-mail this form to the Central Office.