

[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Name of Investigator/Case Manager]
[State Board of Pharmacy Name]
[Address]
[City, State, Zip Code]

RE: Letter of Representation and Request for Extension of Time

Licensee: [Pharmacist Full Name]

License Number: [License Number]

Case/Complaint Number: [Case Number]

Dear [Name of Investigator/Case Manager],

Please be advised that this office has been retained to represent [Pharmacist Full Name] regarding the above-referenced complaint filed with the [State Board of Pharmacy]. A signed Authorization to Represent is attached to this correspondence.

We kindly request that all future communications, correspondence, and legal documents regarding this matter be directed to my attention at the address provided above.

Furthermore, we are formally requesting a [Number of Days, e.g., 30-day] extension of time to submit a formal written response to the allegations. Our office was recently retained and requires additional time to thoroughly review the complaint, gather relevant pharmacy records, and interview witnesses to ensure a complete and accurate response is provided to the Board.

We propose a new submission deadline of [Requested Date].

Please confirm in writing if this request for an extension is granted. Thank you for your professional courtesy and cooperation in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title/Law Firm]

Enclosure: Authorization to Represent