## **Auburn University**

## HARRISON SCHOOL OF PHARMACY

has been satisfactory in accomplishing the objectives and

purposes of the program.

## Office of Post Graduate Education

2320 Walker Building

Auburn University, AL 36849-5504

## On-Site Sign Out

Type of Activity		Location			
<u>Date</u>	<u>Time</u> <u>Ho</u>		lours of Approv	ours of Approved Credit	
Sponsoring Group Au	ıburn University H	larrison School of Pha	rmacy, Office of	Post Graduate Education	
NAPB ID #	DOB mm/dd	Name (please print)	)	Sign Out	
		Certificate			
This is to certify that the above named individuals have participated in the program named, and through evaluation, it has been determined that this participation			Amanda Fowler Office of Post Graduate Education		