

On-Site Sign In

Type of Activity

Location

Date

Time

Hours of Approved Credit

Sponsoring Group **Auburn University Harrison School of Pharmacy, Office of Post Graduate Education**

| <i>NAPB ID #</i> | <i>DOB mm/dd</i> | <i>Name (please print)</i> | <i>Sign In</i> |
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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 has been satisfactory in accomplishing the objectives and purposes of the program.

Amanda Fowler
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