



Quality Assurance/Regulatory Affairs  
Graduate Program

Temple University - School of Pharmacy  
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## NOTICE OF COMPLETION for QA/RA Certificate Programs

*This form may be used for all post-MS certificate programs offered by  
the QA/RA Graduate Program*

Student's Full Name **as it should appear on the Certificate (please print clearly):**

TUId number: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check which post-MS certificate you have completed:

- Advanced QA
- Advanced RA
- Clinical Trial Management
- Biopharmaceuticals and Generic Drugs
- Global Pharmacovigilance: Benefit-Risk Assessment
- Medical Device
- GMPs for the 21<sup>st</sup> Century

I completed (circle one) **FOUR** or **FIVE** courses for the certificate.

The courses I completed for the certificate are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Semester & year certificate was completed: \_\_\_\_\_

Signature: \_\_\_\_\_