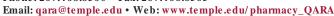


Temple University School of Pharmacy Regulatory Affairs and Quality Assurance Graduate Program 425 Commerce Drive, Suite 175 • Fort Washington, PA 19034

Phone: 267.468.8560 • Fax: 267.468.8565





NOTICE OF COMPLETION for RAQA Certificate Programs

This form may be used for all Post-Master's Certificate Programs offered by the RAQA 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-Master's Certificate you have completed: Advanced RA and QA _____Biopharmaceutical Manufacturing and RA Biosimilars and Generic Drugs ____Clinical Trial Management Food RA and QA Global Pharmacovigilance: Benefit-Risk Assessment GMPs for the 21st Century ____Labeling, Advertising, and Promotions Medical Device Sterile Process Manufacturing I completed (circle one) THREE or 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 and date: