



School of Pharmacy
TEMPLE UNIVERSITY

Quality Assurance/Regulatory Affairs
Graduate Program

Temple University - School of Pharmacy
425 Commerce Drive, Suite 175
Fort Washington, PA 19034-2713

Phone: 267.468.8560 Fax: 267.468.8565

Academic Year 2011 - 2012 - Registration Form for Adobe Connect

PLEASE PRINT CLEARLY

***To assure your place in a class, register early. Fax this form to the QA/RA Office at 267.468.8565.
New students must include the Temple University state residency form, copies of undergraduate and graduate transcripts, and a resume, or their registration cannot be processed.***

Name: _____ TUID (Continuing Students): _____

Home Address: _____ (check here, if address has changed) []

City: _____ State: _____ Zip: _____

Are you a Pennsylvania Resident? Yes ___ No ___ If yes, for how long? _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Fax #: _____

Name of Employer: _____

Title: _____ Department: _____

Employer Street Address: _____ Mailstop _____ (address change?) []

City: _____ State: _____ Zip: _____

Year received Undergraduate Degree: _____ Major: _____ Year received Master's _____ Major: _____

Is this your first QA/RA course at Temple?

___ Yes Did you include the state residency form? (We cannot process your registration without it).

___ No If no, what number course is this: _____

New students must include the following documents with this form: ___ copy of CV/resume ___ photocopies of all undergraduate and graduate transcripts

New international students must also include a copy of their official TOEFL score _____

Are you: ___ Non-Matriculated ___ Matriculated (or accepted into the MS degree)

Do you plan to pursue the MS Degree? Yes ___ No ___ Expected year to graduate: _____

Which certificate do you intend to pursue?

___ Drug Development ___ Clinical Trial Management ___ Medical Devices ___ Global Pharmacovigilance

___ GMPs for the 21st Century ___ Generic Drugs ___ Pharmaceutical Development (for non-science majors)

___ Post MS Certificates (indicate which one: _____)

Applicant's Signature: _____ **Date:** _____

QA/RA Tuition

Pennsylvania Resident \$2,874.00*

Non-Resident \$3,690.00*

*Tuition for Fall 2011 through Summer 2012

University Services Fee


1 - 4.9 credits: \$104.00

5 - 8.9 credits: \$213.00

9 + credits: \$295.00

To receive a complete refund for a course, students must notify the QA/RA office in writing that they are dropping the course(s) BEFORE the second class (weekend courses) or BEFORE the third class (weeknight courses). You must use the Course Withdrawal Form available on the "Forms" link of the QA/RA website.

On the pages that follow, please check the Adobe Connect class for which you wish to register.

 <p>School of Pharmacy <small>TEMPLE UNIVERSITY</small></p> <p>Quality Assurance/Regulatory Affairs <small>Graduate Program</small></p>	<p>Temple University - School of Pharmacy 425 Commerce Drive, Suite 175 Fort Washington, PA 19034-2713</p> <p>Phone: 267.468.8560 Fax: 267.468.8565</p>
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Proctoring Procedures

STUDENT AGREES TO THESE PROCEDURES:

1. I will complete, sign, and return the Proctoring Agreement form **no later than Feb 3rd**, so that I may take the exam and receive credit.
2. I will identify an acceptable proctor and pay any applicable fees.
Acceptable proctors are testing site professionals (Sylvan Learning, Huntingdon Learning Centers, etc), library proctors (most libraries provide free proctoring services), University professors, or professional supervisors. No friends, relatives, or current QA/RA students may be used. **We recommend using a professional testing site or library.**
3. I will select an acceptable test location. Acceptable testing places are a professional testing site, a library, or a corporate work office (not a residence or home office).
4. I will show photo ID at the start of the exam.
5. During the exam, I will observe appropriate test procedures, which includes staying in the room. **Unless otherwise specified by written instructions on the exam, I will not** use books or notes; a cell phone; pagers or electronic devices; access the Internet; or contact anyone.
6. I will abide by Temple University’s code of academic honesty. Submitting false information on this form or not following QA/RA policies for taking a proctored test constitutes academic dishonesty and is subject to disciplinary action. See: www.temple.edu/pharmacy_qara/plagiarism.htm
7. I will not discuss any content or aspect of the exam with students or work colleagues either verbally or through electronic means (email, Twitter, Facebook, pagers, etc.) before and after the exam.

I understand that any student without a signed Proctoring Agreement will not be evaluated for the exam and will receive a grade of zero.

Student Name: (print) _____ Date: _____

Student Phone No: _____

Student Email: _____

Student Signature: _____

Course Title and Semester: _____

Course Instructor: _____

This page must be submitted with the Adobe Connect registration form. Sorry, but we cannot process your Adobe Connect registration without this form.

Adobe Classes Spring 2012: Before indicating your choice, please check one of the required statements:

I have not taken a Temple U Adobe class before.

I have taken a Temple U Adobe class before and have not changed my computer or location where I will be participating in the upcoming classes. (If I have changed either, I will complete the self test of Adobe before registering).

You must check and sign the following statements. We cannot process registrations without signatures.

By registering for any QA/RA Adobe Connect class, I acknowledge I have read and will abide by *Expectations of Adobe Connect Students*, **including the statement about proctored exams**. If this is my first Temple U Adobe Connect class, or if I have changed my computer or location where I will be taking the class, I agree to complete the self-test of Adobe. The Password is: _____

I have purchased a headset with a microphone for my computer. If the QA/RA Office learns that I am not using a headset with microphone, I understand that I will be dropped from all Adobe classes and will not be allowed to register in future semesters. This rule ensures that all students enjoy a conducive learning experience.

I agree to test my headset with Dave Brickett or a QA/RA technician no later than Jan 10.

Once I obtain a TUmail account, I will forward the address to the QA/RA Office, so I can participate in the first class. If I do not have a TUmail account or a headset or have not tested Adobe Connect two days before the class starts, my registration will be cancelled.

I understand that I must check TUmail to receive the link for the first and all subsequent class meetings.

Signature _____ Print Name _____

Check the course(s) for which you wish to register (maximum of two):

5459. Drug Development (990) crn: 7447

5473. Generic Drug Regulation (990) crn: 12424 – Thursday nights – CLOSED

5473. Generic Drug Regulation (991) crn – Wednesday nights

5477. Good Manufacturing Practices (990) crn: 3439 (Thursday nights)

5477. Good Manufacturing Practices (991) crn: 12451 (Friday nights)

5494. Quality Audit (990) crn: 7452

Prerequisite: I have taken (check one) _____ Good Manufacturing Practices (Pharmaceutics 5477), or _____ Good Laboratory Practices (Pharmaceutics 5476), or _____ Good Clinical Practices (Pharmaceutics 5536), or _____ Advanced Good Manufacturing Practices (Pharmaceutics 5479). Please list the semester and year taken: _____

5496. Regulation of Medical Devices: Compliance (990) crn: 18320

5498. Computer Validation (990) crn: 12428

5505. Global Regulation of Medical Devices (990) crn: 12429 (Monday night section) - CLOSED

5508. Good Pharmacovigilance Regulation (990) crn: 12452 (Thursday morning section)

5536. Good Clinical Practices (990) crn: 7318

5575. Regulatory Sciences: Managing the Guidelines for Quality (990) crn: 12430

Prerequisite: strong science background. Attach copy of resume, indicating undergraduate degree in science.

5578. Benefit Risk Management and Safety Signaling of Healthcare Products (990) crn: 8723

I have taken two courses in Pharmacovigilance (check all that apply):

Post Marketing Safety Surveillance (5571) or Clinical Drug Safety and Pharmacovigilance (5538)

Legal and Regulatory Basis of pharmacovigilance (5579)

Clinical Drug Safety and Pharmacovigilance (990)

Good Pharmacovigilance Operations (5508)

Pharmacoepidemiology (5573).

_____ **5592. Food and Drug Law I (990) crn: 9424**

_____ **5594. Regulation of Dietary Supplements, Botanicals, and Nutraceuticals (990) crn: 12431**

_____ **5601. Industry Interactions with FDA and Health Authorities (990) crn: 8726 - CLOSED**

_____ **5605. Advanced Topics in Food and Drug Law (990) crn: 12432**

_____ *I have taken Food and Drug Law I (5592) in _____ (list semester and year).*

_____ **5612. Bioethics for Pharmaceutical Professionals (990) crn: 12433**

_____ **8004. Pharmaceutical Manufacturing II: Solid Dosage Forms (990) crn: 12443**

Note: this is the QA/RA section of this course.

If you are a student at Fort Washington pursuing the non-thesis MS in Pharmaceutics, check here: _____

If you are a QA/RA student, check here: _____ Prerequisite for QA/RA students: strong science background. Attach copy of resume, indicating undergraduate degree in sciences.