



**TEMPLE UNIVERSITY
SCHOOL OF PHARMACY**

**QUALITY ASSURANCE/
REGULATORY AFFAIRS
GRADUATE PROGRAM**

**POST-MASTER'S
CERTIFICATE IN
GLOBAL
PHARMACOVIGILANCE**

**APPLICATION
FORM**

All students must formally apply to the Post-Master's Certificate in Global Pharmacovigilance: Benefit-Risk Assessment before taking any courses. Please mail this form to the **QA/RA Graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034**. You must include photocopies of all graduate transcripts from all colleges and universities you have attended. We cannot process your application without them. Certificates are not automatically mailed. When you finish the required coursework, you must fax the Notice of Completion (on the Certificates Link of the QA/RA homepage) to the QA/RA Office (267.468.8565).



Name _____

Address _____

TUId (Temple MS graduates only) _____ E-mail Address _____

Day phone _____ Evening phone _____

College attended _____

Degree Received _____ Year _____ Major _____

Graduate School attended _____ Year _____ Major _____

Signature _____ Date _____

On a separate sheet of paper, please write a brief statement (maximum 350 words) of why you are interested in pursuing the Post-Master's Certificate in Global Pharmacovigilance: Benefit-Risk Assessment.

Courses you intend to take for the Post-Master's Certificate in Global Pharmacovigilance: Benefit-Risk Assessment. Please check five:

Post-Marketing Safety Surveillance (Pharmaceutics 5571)

OR

Clinical Drug Safety and Pharmacovigilance (Pharmaceutics 5538) (Only one may count).

Good Pharmacovigilance Operations (Pharmaceutics 5508)

Pharmacoepidemiology (Pharmaceutics 5573)

The Regulatory and Legal Basis of Pharmacovigilance (Pharmaceutics 5579)

Benefit-Risk Management of Healthcare Products (Pharmaceutics 5578)