



TEMPLE UNIVERSITY
SCHOOL OF PHARMACY
 QUALITY ASSURANCE/
 REGULATORY AFFAIRS
 GRADUATE PROGRAM

**CERTIFICATE IN GLOBAL
 PHARMACOVIGILANCE:
 BENEFIT-RISK ASSESSMENT**

**APPLICATION
 FORM**

Please send this form (hard copy only) to the QA/RA graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034. You must include photocopies of undergraduate and 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, fax the Notice of Completion (available on the Applying Link) to the QA/RA Office by the deadline.



Name _____

Address _____

TUId _____ E-mail Address _____

Day phone _____ Evening phone _____

College attended _____

Degree Received _____ Year _____ Major _____

Graduate School attended _____ Year _____ Major _____

Signature _____ Date _____

Please write a brief statement of why you are interested in pursuing the Certificate in Global Pharmacovigilance: Benefit-Risk Assessment:

To be completed by QA/RA office:

Post-Marketing Safety Surveillance Or Clinical Drug Safety and Pharmacovigilance _____

Good Pharmacovigilance Operations _____

Pharmacoepidemiology (including Quantitative Methods in Pharmacovigilance) _____

The Regulatory and Legal Basis of Pharmacovigilance _____ Benefit-Risk Management of Health Care Products _____