



**TEMPLE UNIVERSITY  
SCHOOL OF PHARMACY  
REGULATORY AFFAIRS AND  
QUALITY ASSURANCE  
GRADUATE PROGRAM**

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

**APPLICATION**

1. Mail hard copy of this form to Temple U, RA and QA Graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034.
2. Include photocopies of transcripts from all undergraduate and graduate colleges and universities attended.
3. Certificates are not automatically awarded. You must submit the Notice of Completion (available on the Certificate Link) to the RAQA Office by the stipulated deadline.



Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TUId \_\_\_\_\_ email \_\_\_\_\_

Daytime phone \_\_\_\_\_

Undergraduate School attended \_\_\_\_\_

Degree Received \_\_\_\_\_ Year \_\_\_\_\_

Graduate School attended \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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*To be completed by RAQA office:*

Pharmaceutics 5538 or 5571 \_\_\_\_\_

Pharmaceutics 5573 \_\_\_\_\_

Pharmaceutics 5579 \_\_\_\_\_

Pharmaceutics 5508 \_\_\_\_\_

Pharmaceutics 5578 or 5548 \_\_\_\_\_