



**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:

To be completed by RAQA office:

Pharmaceutics 5538 or 5571 _____

Pharmaceutics 5573 _____

Pharmaceutics 5579 _____

Pharmaceutics 5508 _____

Pharmaceutics 5578 or 5548 _____