

**Disease-Related Changes in Pharmacokinetics and Pharmacodynamics**  
**October 19, 2017**

In order to obtain CE credit, participants must complete this "CE Validation" form and submit it with the "verification of CE Participation" form at the completion of the program.

**CE Validation Form**

Please check the session(s) that you attended.  
(Maximum 1.0 Contact Hour)

**Lecture/Universal Program Number**

**Contact Hours**

\_\_\_ **Disease-Related Changes in Pharmacokinetics**  
**and Pharmacodynamics**  
**#0043-9999-17-082-H01-P**

**1.0 Contact hour**

Total number of contact hours (Maximum 1.0 contact hour) \_\_\_\_\_

I certify that the above information is correct.

Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_