## ST. JOHN'S UNIVERSITY College of Pharmacy and Health Sciences

## **VERIFICATION OF CONTINUING EDUCATION PARTICIPATION**

<u>IMPORTANT:</u> Each attendee wishing to receive CE credit must <u>print</u> all information requested below and return this form to the sponsor <u>before</u> leaving the meeting. This will assure prompt and accurate issuance of your continuing education credit.

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Current Position					
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Program Date You Attended			tact Hours ned Today		
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* I certify that the abo	ove information is corre				
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