



UNIVERSITY OF
**HEALTH SCIENCES
& PHARMACY**
in St. Louis

ST. LOUIS COLLEGE OF PHARMACY
CONTINUING PHARMACY EDUCATION

FACULTY GUIDANCE DOCUMENT AGREEMENT FORM

INSTRUCTIONS:

Prior to completing this form, please review the Faculty Guidance Document, available for download on our website at <https://www.uhsp.edu/careers/pharmacycareers/continuing-education.html>. This document outlines expectations related to accreditation and St. Louis College of Pharmacy at UHSP standards for all continuing pharmacy education activities. Any questions should be directed to the CPE administrator.

For large conferences where faculty may guide multiple activities, this form need only be completed once.

I the undersigned, certify that I have read and agree to the expectations for accreditation of continuing pharmacy education with St. Louis College of Pharmacy at UHSP, as outlined in the Faculty Guidance Document.

Print Name

Signature

Date