

Principles of Clinical Pharmacology (PCP) - TEST

 [Course Home](#)

 [Units & Lectures](#)

 [Discussion Board](#)

 [Course Calendar](#)

 [Final Exam](#)

 [Course Evaluation](#)

Principles of Clinical Pharmacology (PCP) - V3 Evaluation Form

OMB # 0925-XXXX
Expiration Date: XX/XXXX

Public reporting burden for this collection of information is estimated to average (10) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

1. Where are you currently in your career path?

- ☐ Pharmacy student
- ☐ Medical student
- ☐ Graduate/Ph.D student
- ☐ Residency, fellowship, or other training program
- ☐ Early career (<5 years in career)
- ☐ Established professional
- ☐ Other

2. What is your current affiliation?

- ☐ Academic
- ☐ Industry
- ☐ Government
- ☐ Private Practice
- ☐ Hospital
- ☐ Other

3. If you are currently a student or in a training program, where do you hope to start your career?

- ☐ Academic
- ☐ Industry
- ☐ Government
- ☐ Private Practice
- ☐ Hospital
- ☐ Other
- ☐ I'm not sure
- ☐ N/A

4. Grade the overall quality of the course:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Poor

5. Would you recommend this course to your colleagues?

- ☐ Yes
- ☐ No

6. Please provide additional comments or recommendations for the course:

SUBMIT