

Principles of Clinical Pharmacology (PCP) - TEST

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Principles of Clinical Pharmacology (PCP) - V3 Evaluation Form

OMB # 0925-XXXX
Expiration Date: XX/XXXX

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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