Form 4 - Course Completion Certificate for Subject Areas in the Stage One Pharmacist Exam

(sch	ool name) C		_	ion Certificate Pharmacist Ex		ject Areas in the
	Year in school		8	Student ID No.:		
Name		Sex	Birth date	MM/DD/YYYY	National ID No.	
No.	Subject Areas					
1	Pharmacology					
2	Medicinal chemistry					
3	Pharmaceutical analysis					
4	Pharmacognosy (including Chinese pharmacy)					
5	Pharmaceutics					
6	Biopharmaceutics					
				ned above has con passing grades.	npleted co	urses in all of the
	President: (signature or sea (school seal)					
			Depa	rtment Chair:		(signature or seal)
MM/E	DD/YYYY					