



Pharmacy Training Attestation

**Personnel assigned responsibilities I (Maintain study drug accountability) and/or J (Dispense study drug) for the ASPIRE study are required to sign the following attestation.*

**By signing and dating below, I attest that I have
completed ASPIRE Pharmacy Training:**

**I reviewed the
ASPIRE Clinical Performing Site Study Drug
Procedures Manual
AND/OR
ASPIRE Pharmacy Training Slides**

Study Team Member Printed Name: _____

Study Team Member Signature: _____

Date of Training Completion: _____

Upload this completed form in WebDCU™ under Pharmacy Training Placeholder