



# Pharmacy Training

## Attestation

By my dated signature below, I verify that I have completed

the FASTEST Pharmacy Training

I reviewed the FASTEST Site Pharmacy Manual of Procedures

and

I reviewed the FASTEST Pharmacy Training slides

PRINT NAME:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

DATE:

\_\_\_\_\_

*After completion, upload this form to WebDCU*