



## Pharmacy Training Attestation Form

By my dated signature below, I verify that I have completed the SISTER Pharmacy Training via one of the following mechanisms (select one):

- ☐ I have received protocol training at the SISTER Investigator Meeting on 1/18/2024 & successfully completed the quiz
- ☐ I have reviewed the SISTER Pharmacy Training Module & successfully completed the quiz

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*After completion, upload this document to WebDCU™*