

(The fee to receive credit is \$25)

Medication Dispensing Errors. 2-hour course- Answer Sheet and Payment form: Please print this form, complete the form, and then mail it along with a check for payment, to:

University of Florida College of Pharmacy
PO Box 100482 HSC
Gainesville, FL 32610

Please make checks payable to the **University of Florida**.

If you have already registered you may fax the answer sheet to 352-273-6460.

Please circle the correct answer.

1. A B C D	11. A B C D
2. A B C D	12. A B C D
3. A B C D	13. A B C D
4. A B C D	14. A B C D
5. A B C D	15. A B C D
6. A B C D	16. A B C D
7. A B C D	17. A B C D
8. A B C D	18. A B C D
9. A B C D	19. A B C D
10. A B C D	20. A B C D

Evaluation

	Absolutely	Partially	Not Quite	A Little	No Way
The program met my expectations.					
Program goals and objectives achieved.					
Faculty was knowledgeable.					
Presented at appropriate level.					
Program will help me do a better job.					
What other topics would you like to see?					
What changes would you suggest?					
How can we make our programs better?					

Name: _____ Pharmacy License No. _____

Address: _____ Apt. No. _____

City: _____ State: _____ ZIP: _____

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