



AUBURN UNIVERSITY

HARRISON COLLEGE
OF PHARMACY

Resident Teaching and Learning Program (RTLP)

I am committing to participate in all aspects of the Resident Teaching and Learning Program (RTLP) through Auburn University Harrison College of Pharmacy. I understand that, in order to earn this certificate, I must complete all responsibilities described in the RTLP requirements document by the assigned deadlines.

Resident Full Name (print)

Resident Signature

Date

I support the above resident's participation in activities described in the Teaching Certificate program.

Residency Director Signature

Date

Email this completed form to hsoprtl@auburn.edu and your

Residency Director no later than August 5, 2022.