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(Example: Fall 2015) Page 10 4. Organization/Employer Position Title (e.g., Nanny, Counselor, Teacher) May We Contact? Supervisor's Name Supervisor's Title Yes No. To . Dates (mm/year) Hours/Week # Of Weeks Total Hours Completed Supervisor's Phone. Briefly 17th, 2024

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Iowa State University . Department Of Sociology And Criminal Justice . 203A East Hall . 510 Farm House Lane . Ames, IA 50011-1054 . Phone: (515) 29 17th, 2024

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New York State Education Department, Office Of The Professions, Division Of Professional Licensing Services, Pharmacy Unit, 89 Washington Avenue, Albany, New Yor 5th, 2024

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Course No. Prerequisite Concurrent Course Training II 1 906510 906420 Coordinator Name Lecturer/s Room No. E-mail Course Website Office Hours Dr. May Abu Taha Dr. May Abu Taha Dr. Mervat Alsous M.Sc. Rajaa Dugash M.Sc. Manal Ayyash Dr. Rana Abu Farha Dr.Husam Abazaid M\_abutaha@asu.edu.jo M\_alsous@asu.edu.jo R\_dagash@asu.edu.jo 19th, 2024

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Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide Prepared For: Agency For Healthcare Research And Quality U.S. Department Of Health And Human Services 540 Gaither Road Rockville, MD 20850 Www.ahrq.gov Contract No. 290-00-0011 By Kara L. Jacobson, MPH, CHES Julie A. Gazmararian, PhD, MPH 8th, 2024

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