

Documentation of **Simulations** for IPPE Hours

Name of Student: \_\_\_\_\_

Date of Admission to College of Pharmacy: \_\_\_\_\_

<b><i>Simulation Activity</i></b>	<b><i>Hours</i></b>	<b><i>Date Completed</i></b>
Immunizations Skills Training	5	_____
Reserved for Future Simulations		
Total Simulated IPPE Hours = <b>5 hours</b>		

IPPE Coordinator \_\_\_\_\_

Date Signed \_\_\_\_\_