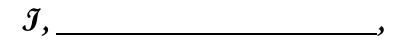
## LECOM SCHOOL OF PHARMACY





pledge to promote the health and lifestyle benefits of proper medication adherence to my patients throughout my future/current profession as a(n) \_\_\_\_\_\_. I understand the importance of implementing this tool in my practice, and am committed to ensuring the best possible care for each of my patients with its use.

Signature \_\_\_\_\_ Date \_\_\_\_





STUDENT GOVERNMENT ASSOCIATION