

Prescription for Success Scholars Program Attendance Verification Form

Date: _____

Student's Name: _____

Event or Activity Name: _____

Where event or activity took place: _____

For shadowing or volunteering, please indicate the number of hours: _____

This certifies that _____ (student's name) participated in the event listed above.

Verified by:

Print Name: _____

Signature: _____

Date: _____

Job title as related to the activity: _____



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We provide advising for students pursuing:

- Allied Health Programs
- Dentistry
- Law
- Occupational Therapy
- Optometry
- Medicine
- Physical Therapy
- Physician Assistant
- Pharmacy
- Veterinary Medicine

We offer educational workshops and opportunities for shadowing and research. Visit our website for a list of upcoming events.

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