



# ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

## INVITATION TO EVALUATE

**Directions:** Please have the attached form signed by both the University President or designate and the Dean of the College/School of Pharmacy. Include this signed form as a separate document on each flash drive containing your self-study.



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Name of the College or School of Pharmacy

Invites the Accreditation Council for Pharmacy Education (ACPE) to conduct an evaluation of the professional program leading to the Doctor of Pharmacy degree for purposes of accreditation.

In regards to information released to ACPE in the accreditation process, we hereby agree to take all necessary steps to ensure compliance with all federal and state privacy and confidentiality laws, including but not limited to the final rules and regulations issued under the Health Information Portability and Accountability Act of 1996 (HIPAA), covering protected health information (PHI).

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*Signature of President of the University or Designate*

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*Printed Name of President or Designate*

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*Signature of Dean of the College or School of Pharmacy*

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*Printed Name of Dean of the College or School of Pharmacy*

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*Date*