

Certification as Validation Specialist and Validation Professional

Survey of Interest

Your comments and suggestions on how to improve the Validation Certifications are very important to us. Please rate your level of agreement with each of the following statements by checking the number corresponding to the most appropriate response according to your judgment.

1 (Completely Disagree) 2 (Disagree) 3 (Neither Agree nor Disagree) 4(Agree) 5(Completely Agree)

1.	2.	3.	4.	5.
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1. I believe that the Validation Certifications are very valuable to the healthcare manufacturing industry.

2. I am personally very interested in attending the Validation Certifications.

3. I believe that my company will be interested in sending at least one of the company's associates to attend the Validation Certification Programs.

4. I believe that the Validation Certifications can be improved by including the following topics

5. I recommend Mr. / Mrs. _____ to become part of the Validation Certification faculty. His / her contact information is _____.

ADDITIONAL COMMENTS

If you want more information about the Validation Specialist Certification, please provide us with your contact information in the spaces provided below. If you would like someone to contact you regarding this program, please check the following box

Please contact me
Name: _____ **Title:** _____
Company: _____
Address: _____
Telephone: _____
E-mail: _____

Thank you for your time and your suggestions. We appreciate your valuable input.
Please send this survey by Fax 787-294-1816.