

**MENTOR APPROVAL**



I, \_\_\_\_\_ have been selected to act as a Mentor in the Drug Demand Reduction Excellence program for Candidate \_\_\_\_\_. I have reviewed Activity \_\_\_\_\_ and have found that the Candidate has met all of the requirements for the listed tasks. My signature constitutes a full approval and allows the Candidate to continue to the next activity.

\_\_\_\_\_  
Mentor

\_\_\_\_\_  
Date

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