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## Supplement and Medication Approval form:

Trainer/Supplier Applying for approval: \_\_\_\_\_

Supplement/Medication Trade Name: \_\_\_\_\_

Website for product description: \_\_\_\_\_

\*If no website is available please attach product insert/description

Signed: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved**

**Not Approved**

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

