

State of New Hampshire OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION 7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

CERTIFICATE OF PHARMACY EDUCATION

The applicant must complete the first section and forward this page to the pharmacy college where he/she anticipates graduation. This form should be submitted to your college registrar's office no earlier than 30-days prior to the completion of coursework (including college rotations) and/or anticipated graduation date. Name of Applicant: _____ First Last Middle Address of Applicant: _____ Street City State Zip Name of Pharmacy College: _____ Address of Pharmacy College: Street City State Zip Date of Graduation: THIS SECTION TO BE COMPLETED BY THE DEAN OR REGISTRAR AND RETURNED DIRECTLY TO THE **BOARD AT THE ABOVE ADDRESS.** I hereby certify that the above applicant was/has been in regular attendance at the ____ for ______ years and will complete all requirements for graduation Name of Pharmacy School and that a certificate of graduation with the degree of on Date was/will be issued on _____ Graduation Date Degree I also certify that the applicant shall have completed the following hours of structured/experiential internship as prescribed by the College of Pharmacy (according to the dates as noted above) Professional Practice Experience: ______ hours (IPPE & APPE Combined) (School Seal) (Signature of Authorized College Official) (Date)

1