

NEW HAMPSHIRE STATE BOARD OF PHARMACY

57 Regional Drive
Concord, NH 03301-8518

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 at least 30-days prior to completion of coursework (including college rotations) and/or anticipated graduation date.

Name of Applicant _____
Last First Middle

Address of Applicant _____
Street
City State Zip Code

Name of Pharmacy College _____

Address of Pharmacy College _____
Street
City State Zip Code

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
Name of Pharmacy School
for graduation on _____ date and that a certificate of graduation with the degree of _____ was/will be issued on _____.
Degree Graduation date

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 (School Seal)
(IPPE & APPE Combined)

(Signature of Authorized College Official) (Date)

IMPORTANT NOTE: A final transcript must be submitted to the Board of Pharmacy as soon as it becomes available.