California State Board of Pharmacy
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Business and Consumer Services Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INTERN PHARMACIST EDUCATION AFFIDAVIT

Instructions: This form must be completed by the dean of the school of pharmacy.

This is to certify that _____ _____ _____
Print Name: First Middle Last

who is applying to the California State Board of Pharmacy for an intern pharmacist license is: (check one)

☐ Enrolled as a student in a school of pharmacy recognized by the Board and is seeking a degree in pharmacy. [BPC §4208]

☐ Re-enrolled in a school of pharmacy recognized by the Board to complete the 16 additional semester units of education in pharmacy prior to re-examination. [BPC §4208 and §4200.1]

Date enrolled _____ Expected date of graduation_____
Month/Year Month/Year

I hereby certify as the dean of the school of pharmacy listed below or as a person with authority and personal knowledge to the truth and accuracy of the above:

Signed: _____ Title: _____ Date: _____
Signature

_____
College, University, or School of Pharmacy

_____
Street Address City State Zip Code

_____ _____
Print Name of Dean or Person with Authority and Personal Knowledge of these Facts Title

_____ _____
Phone Number Email Address

Affix School Seal Here