

**California State Board of Pharmacy**

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www.pharmacy.ca.gov

Business, Consumer Services and Housing 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