

**California State Board of Pharmacy**

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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