

Complete forms must be mailed directly from the verifying agency to the board office at [info@floridapharmacy.gov](mailto:info@floridapharmacy.gov), or mailed to:

**Board of Pharmacy**

4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



**Board of Pharmacy**

**Certificate of Pharmacy Education – Form A**

**Part I: To be completed by applicant**

Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Surname: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
MM/DD/YYYY

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Part II: To be completed by College of Pharmacy Dean**

Name of School/College of Pharmacy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_\_  
MM/DD/YYYY

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

The information recorded above is true and correct according to the official records of this institution. Failure to include the school seal may result in delay in processing the applicant's application.

Dean Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

(SCHOOL SEAL)

**Check to ensure that all fields have been filled in.**