FLORIDA BOARD OF PHARMACY
4052 Bald Cypress Way, Bin C-04 • Tallahassee, FL 32399-3254
Phone: (850) 245-4292 • www.floridaspharmacy.gov

ITEM #3 - CERTIFICATE OF PHARMACY EDUCATION (FORM A)

Please print or type legibly.

Part I. – To be completed by applicant and forwarded to the College of Pharmacy for completion of Part II below.			
Last name	**First name**		**Middle name**
Maiden name/surname	**Date of graduation**		
Mailing 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**

Type of degree awarded	**Date degree awarded**	**Dates of attendance**
		From: ___/___/___ To: ___/___/___

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 a delay in processing the applicant's application.

Print Name _____ Signature _____ **(SCHOOL SEAL)**

Title _____ Date _____

NOTE: Please check to be sure that you have answered all of the questions above.

PLEASE RETURN THIS FORM TO THE BOARD OFFICE:

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