



**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.

<b>Part I. – To be completed by applicant and forwarded to the College of Pharmacy for completion of Part II below.</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Maiden Name/Surname</b>		<b>Date of Graduation</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Part II. – To be completed by an official of the university</b>			
<b>Name of School/College of Pharmacy</b>			
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Type of Degree Awarded</b>	<b>Date Degree Awarded</b>	<b>Dates of Attendance</b>	
		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.

_____	_____	<b>(SCHOOL SEAL)</b>
Print Name	Signature	
_____	_____	
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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