



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 an official of the university			
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.

_____	_____	(SCHOOL SEAL)
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:

**FLORIDA BOARD OF PHARMACY
 4052 BALD CYPRESS WAY
 BIN #C-04
 TALLAHASSEE, FL 32399-3254**