



Louisiana Board of Pharmacy

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Certification of Graduation From an ACPE-Accredited College of Pharmacy Located Outside of Louisiana

Instructions for Dean's Office:

- 1) Do not complete this form until **after** a pharmacy degree has been delivered to this student.
- 2) Type or print information requested, except signature.
- 3) Place the school's seal where noted.
- 4) Sign and date below.
- 5) **Mail completed form directly to the Louisiana Board of Pharmacy at the address above.**

Name of College/School of Pharmacy: _____

Name of Student: _____ Social Security Number: _____

Date Student Entered Professional Program: _____

Academic Degree Conferred: _____ Date Degree Conferred: _____

I hereby certify that:

- 1) The student named was in regular attendance at this college/school of pharmacy.
- 2) The student named has satisfactorily completed all requirements for a professional pharmacy degree from this institution, including the acquisition of at least 1,740 hours of professional experience.
- 3) The information entered on this form is true and correct to the best of my knowledge.

(School Seal)

Original Signature of Authorized
College of Pharmacy Representative

Date