



State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Pharmacy

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233 • [dopl.idaho.gov](http://dopl.idaho.gov)

**CERTIFICATE OF COLLEGE ENROLLMENT – STUDENT PHARMACIST INTERN**

I hereby certify that \_\_\_\_\_  
Student Name

is enrolled in the \_\_\_\_\_ College of Pharmacy as a degree candidate.

Student is expected to graduate in \_\_\_\_\_ (MM/YYYY)

Printed Name/Title of President, Dean or Associate Dean: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of President or Dean or Associate Dean: \_\_\_\_\_

Date Signed: \_\_\_\_\_

SEAL OF COLLEGE