



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

Certificate of College Graduation

I hereby certify that _____
Graduate's Name

has graduated from _____

College of Pharmacy with a _____ degree.

Date of Graduation: _____

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

Ph#: _____ Email: _____

Signature of President or Dean: _____ Date: _____

SEAL OF COLLEGE