



**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 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