



**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

**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