



# Idaho State Board of Pharmacy

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## 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)

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

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

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

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

SEAL OF COLLEGE