

**APPLICATION FOR EXAMINATION FOR PHARMACIST'S LICENSE
CERTIFICATE OF COMPLETION**

Part of State Form 36028 (R19 / 9-17)
Approved by State Board of Accounts, 2017

**INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204

CERTIFICATE OF COMPLETION OF PHARMACY EDUCATION

B.S. Pharmacy Pharm. D.

I hereby certify that _____ was admitted to the degree program in the School of Pharmacy at _____ on _____ and graduated with the professional degree noted above on _____.

The candidate has completed _____ years as a student in the School. There is evidence in our permanent records that the person certified here has met all the requirements of Indiana Code 25-26-13-11(a)(3) by completing the professional degree program noted here, and has completed _____ clock hours of practical experience as stated in 856 IAC 1-3.1-7 in connection with the degree program at the School _____.

Date of Certification _____ Signed _____

School of Pharmacy

School Seal