

# CERTIFICATE OF ENROLLMENT OR GRADUATION FOR PHARMACY INTERN

Part of State Form 12567

**INDIANA BOARD OF PHARMACY  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2067  
E-mail: pla4@pla.IN.gov  
www.pla.IN.gov

Name of applicant ( <i>last, first, middle</i> )	Date of birth
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## CERTIFICATE OF ENROLLMENT OR GRADUATION IN PHARMACY EDUCATION

**NOTE TO APPLICANT:** The certificate below must be completed and signed by the Secretary or Dean of the School or College of Pharmacy of which you are currently enrolled or a graduate. If you are a graduate of a School or College of Pharmacy outside of the United States, then you do not need this certificate completed; you are required to submit a notarized copy of your FPGEC Certificate.

This is to certify that \_\_\_\_\_ is enrolled / a graduate  
of \_\_\_\_\_.

Name of school or college of pharmacy	City, state, and ZIP code
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Number of years pharmacy	Number of years pre-pharmacy	Date ( <i>month, day, year</i> )
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On this day, I certify that the applicant named herein is enrolled in a college of pharmacy and will be entering an externship program. Within the program, the applicant will be filing and compounding prescriptions under the direct supervision of a licensed pharmacist in a licensed pharmacy.

(SEAL)	Signature of Secretary or Dean
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