

North Carolina Board of Pharmacy

CERTIFICATE OF GRADUATION FROM COLLEGE
OR SCHOOL OF PHARMACY
(PLEASE GIVE EXACT DATES)

_____, 20_____

This is to certify that _____

was in regular attendance at the _____

(1) from _____ to _____

(2) from _____ to _____

(3) from _____ to _____

(4) from _____ to _____

(5) from _____ to _____

(6) from _____ to _____

(7) from _____ to _____

(8) from _____ to _____

a total of _____ months and _____ days, and that he/she graduated on _____

with the degree of _____, and that he/she acquired _____ hours of practical

pharmacy experience under the supervision of a licensed pharmacist while concurrently enrolled in School of Pharmacy coursework approved for this purpose by the Tripartite Committee and the Board of Pharmacy.

_____ hours of this experience were acquired in a hospital pharmacy;

_____ hours were acquired in a community or clinical pharmacy.

SEAL OF COLLEGE

Name _____

Title _____