



Secretary of State
Office of Professional Regulation
 89 Main St 3rd Floor, Montpelier VT 05620-3402
sos.oprlicensing2@Vermont.gov

PHARMACY
Verification of Education for Pharmacy Intern

APPLICANT: Complete the top of this page and forward it to your Pharmacy School. Your school will send it directly to the Board.

TO BE COMPLETED BY APPLICANT:

Applicant's Name Last/First/Middle			
Mailing Address:			
Date of Birth:		Last four of Social Security #	
Name of Institution granting degree:			
Address:			
Date Graduated or Expected Graduation		Degree Earned or Will Earn	
Applicant's Signature		Date:	

TO BE COMPLETED BY THE INSTITUTION GRANTING DEGREE(S): The college must send this form directly to the address or email above.

Name of Applicant:			
Name of Institution:			
Location of Institution:			
Date of Admission:		Expected Graduation Date:	
Has this student achieved at least third year standing or has he or she completed the academic curriculum?	Yes	No	
Is/was this College of Pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE) at the time of this student's graduation?	Yes	No	

Signature of Authorized Agent			
Title		Date and Seal	