



Iowa Board of Pharmacy

6200 Park Ave., Ste. 100

Des Moines, IA 50321

515-281-5944

Certification of Pharmacy Education Roster Form Attestation

(To be completed by the college of pharmacy)

I, _____, certify that, to the best of my knowledge and belief, the following is a true, accurate and complete statement of record of individuals named on the attached roster form.

The pharmacist-interns on the attached roster have successfully completed academic requirements for a degree in pharmacy and have no derogatory information on file. The pharmacist-interns have been in attendance from _____ to _____ and have finalized _____ intern hours through the college of pharmacy program. On _____, the pharmacist-interns on this roster have been awarded a PharmD degree from _____.

Signature: _____

Title: _____

Phone Number: _____

Name of College: _____

Address of College: _____

Date: _____

School Seal