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STATE OF DELAWARE
BOARD OF PHARMACY

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CERTIFICATE OF CLASS STANDING

INSTRUCTIONS

This form is for applicants for a Delaware Pharmacist Intern license who are attending or graduated from a school or college of Pharmacy in the U.S.

- The applicant completes the APPLICANT INFORMATION section and sends this form to his or her school or college of pharmacy.
- The Dean or Secretary of the college or school completes the information in the CERTIFICATION section, signs and seals the form and sends it *directly* to the Board office at the address above.

APPLICANT INFORMATION

Applicant Name: _____

Enter your Application ID: _____

CERTIFICATION

1. Name of Pharmacy School or College: _____
2. Has the applicant graduated? Yes No If no, skip to the next question. If yes, enter the following information:
Degree Awarded: _____ Degree Date: _____
3. Check which professional year of the pharmacy curriculum the applicant is in:
 First professional year in pharmacy
 Second professional year in pharmacy
 Third professional year in pharmacy
4. Is the applicant a student in good standing? Yes No

I certify that the above information is accurate.

Printed Name of Secretary or Dean: _____

Signature of Secretary or Dean: _____ Date: _____

AFFIX
INSTITUTION
SEAL

Send this form *directly* to the Board of Pharmacy office at the address above.