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STATE OF DELAWARE
BOARD OF PHARMACY

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CERTIFICATE OF GRADUATION IN PHARMACY

INSTRUCTIONS

This form is for applicants for Delaware Pharmacist licensure who 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: _____

CERTIFICATION

1. Name of Pharmacy School or College: _____
2. Degree Awarded: _____
3. Degree Date: _____

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.