

**ALABAMA STATE BOARD OF PHARMACY
111 VILLAGE STREET
BIRMINGHAM AL 35242**

COLLEGE AFFIDAVIT

DOCUMENT MUST BE COMPLETED BY DEAN OF THE COLLEGE OF PHARMACY, DEAN'S DESIGNEE OR REGISTRAR

This is to certify that pharmacy student, (name) _____

attended the College of Pharmacy, (name) _____

From: (date) _____ To: (date) _____

The degree awarded is: _____ Graduation Date _____

In signing this document the college of pharmacy attests that this student has completed all required course work including didactic and practical, as required by ACPE standards.

Total curricular hours completed: _____

Total practical hours as a component of total curricular hours: _____

In signing this document the college of pharmacy attests that this student has completed a minimum of 400 hours of traditional practice in school related experiences gained after the second professional year.

Signature _____

Dean or Registrar

Address: (Street) _____

Address 2: _____

City, State, Zip: _____

School seal here.

It is student's responsibility to see that all forms are received in the Board Office prior to deadlines.