



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.

Pharmacy student: _____

College of pharmacy: _____

Dates attended: _____ to _____

Degree awarded: _____

Graduation date: _____

In signing this document, the college of pharmacy attests that this student has completed all required coursework, 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 total of at least 1500 hours, with a minimum of 400 hours of traditional practice in school-related experiences gained after the second professional year.

Signature: _____
Dean or Registrar

Address: _____
Address City State Zip

School seal here.