Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-0199
www.michigan.gov/bpl
BPLHelp@michigan.gov

COLLEGE OF PHARMACY AFFIDAVIT

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

CHECK THE APPROPRIATE BOX TO INDICATE THE PURPOSE OF THIS FORM:

☐Pharmacist Intern License Renewal
☐Initial Pharmacist Intern Application

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to be completed and mailed or emailed directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Michigan Board of Pharmacy by the pharmacy school.

First Name:	Middle Name:	Last Name:	
Street Address:			Apt/Bldg#:
City:	State:		Zip Code:
Pharmacist Intern License Number (if applicable):	Date of Birth:	Email:	

SECTION II - AFFIDAVIT TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL AND RETURNED DIRECTLY TO THE BOARD OF PHARMACY

I certify that _____ began his/her first professional (third)
(Applicant's Full Name)

year of study in an accredited college of pharmacy on _____ and is eligible to become a pharmacy intern.
(Date)

OR

I certify that _____ has graduated from an accredited
(Applicant's Full Name)

college of pharmacy on _____.
(Date)

_____ _____
Signature of Dean or Authorized Person Date

_____
Name of College

