LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

CERTIFICATION OF PHARMACY EDUCATION

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

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 directly to this office by the dean or authorized person of your school of pharmacy. This certification must be submitted directly to the Bureau by the pharmacy school.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg#:
City:	State:	Zip Code:
SSN:	Date of Birth:	Email:

SECTION II - CERTIFICATION TO BE COMPLETED BY THE DEAN OR AUTHORIZED PERSON OF THE PHARMACY SCHOOL AND RETURNED DIRECTLY TO THE BUREAU OF PROFESSIONAL LICENSING

I certify that _____ has met the requirements for the degree of
(Applicant's Full Name)

_____ from _____
(degree) (School/College of Pharmacy)

on the _____day of _____, year of _____.
(Month)

COLLEGE SPONSORED INTERNSHIP EXPERIENCE

Date Experience Began	Date Experience Completed	Total Clock Hours

_____ _____
Signature of Dean or Authorized Person Date of Signature

_____ (SEAL)
Print or Type Name of Dean or Authorized Person and Title

If school has no seal, please indicate

NOTE: This form may not be completed and submitted prior to the date on which the applicant's requirements for a pharmacy degree are met. If the form is received in this office prior to that date, it will be returned for submission at the appropriate time.