

CERTIFICATION OF ELIGIBILITY FOR DOCTOR OF PHARMACY CANDIDATES

In order to apply for an Intern registration or renew your registration with the South Dakota Board of Pharmacy, complete the Certification of Eligibility for Pharm. D. Candidates below with **all** requested information and have your faculty representative sign the form.

Prior to starting the online application process, scan the completed form to upload to your online Intern registration application prior to submitting it.

CERTIFICATION OF ELIGIBILITY FOR PHARM. D. CANDIDATES

I, the undersigned, do hereby certify that this student, _____, is
Print Student Name

enrolled in the Pharm. D. program at this college as (please select one):

- | | |
|-----------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Entered 1 st year, P1 | <input type="checkbox"/> P3 |
| <input type="checkbox"/> P2 | <input type="checkbox"/> P4 |

Faculty Representative Printed Name

College of Pharmacy Name

Faculty Representative Title Name

Faculty Representative Email

Faculty Representative Signature

Date