



SOUTH DAKOTA BOARD OF PHARMACY

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www.pharmacy.sd.gov email - pharmacyboard@state.sd.us

INTERN HOURS TRANSFER FORM

For Pharmacy Interns

Directions

1. Use this form to request a letter showing your total internship hours earned in South Dakota be sent to another board.
2. Scan the completed form, save in a PDF format, and send to email above.

Please report my South Dakota intern hours to:

Board of Pharmacy Name _____

Attn: _____

Board of Pharmacy Street Address _____

Board of Pharmacy Secondary Address _____

Board of Pharmacy City _____ State _____ Zip Code _____

Please provide your information and a copy of the information will be sent to you:

Student Name _____ Intern Registration # I- _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Email address _____

FOR SD BOP USE ONLY

Received _____ Date Prepared/Sent _____ Sent By _____