



SOUTH DAKOTA BOARD OF PHARMACY

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SUITE 204
SIOUX FALLS, SD 57106
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TRANSFER OF INTERN HOURS

Please transfer my 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 as a copy of the information will be sent to you:

Student Name _____ Intern Registration # I- _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ Email address _____

Please email this information to rita.schulz@state.sd.us or melanie.houg@state.sd.us
or fax to 605-362-2738.