



# Louisiana Board of Pharmacy

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## *Certification of Graduation From an ACPE-Accredited College of Pharmacy Located Outside of Louisiana*

### **Instructions for Dean's Office:**

- 1) Do not complete this form until **after** a pharmacy degree has been delivered to this student.
- 2) Type or print information requested, except signature.
- 3) Place the school's seal where noted.
- 4) Sign and date below.
- 5) **Mail completed form directly to the Louisiana Board of Pharmacy at the address above.**

Name of College/School of Pharmacy: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date Student Entered Professional Program: \_\_\_\_\_

Academic Degree Conferred: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_

I hereby certify that:

- 1) The student named was in regular attendance at this college/school of pharmacy.
- 2) The student named has satisfactorily completed all requirements for a professional pharmacy degree from this institution.
- 3) The information entered on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Original Signature of Authorized  
College of Pharmacy Representative

(School Seal)

\_\_\_\_\_  
Date