

M. NUMBER OF CLOCK HOURS OF SUPERVISED CLINICAL PHARMACY, CLERKSHIP OR EXTERNSHIP EXPERIENCE FOR WHICH ACADEMIC CREDIT WAS ISSUED:

Clock Hours _____

N. THE APPLICANT'S FIRST PROFESSIONAL PHARMACY DEGREE PROGRAM HAS BEEN ACCREDITED BY:

The American Council on Pharmaceutical Education

Other: _____

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

P. WHEN THIS FORM IS CERTIFIED PRIOR TO THE ACTUAL GRADUATION OF THE APPLICANT, THE SCHOOL OFFICIAL IS RESPONSIBLE FOR NOTIFYING THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF ANY FAILURE ON THE PART OF THE APPLICANT TO COMPLETE THE REQUIREMENTS FOR GRADUATION.

I certify that the information recorded herein is true and correct according to the official records of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, _____.

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT