PHARMACY SCHOOL/COLLEGE AFFFIDAVIT

- RETURN THIS FORM TO:

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MO
65102

OVERNIGHT ADDRESS:
MISSOURI BOARD OF PHARMACY
3605 MISSOURI BLVD.
JEFFERSON CITY, MO
65109

- QUESTIONS: E-MAIL: intern@pr.mo.gov or call (573) 751-0092

FOR OFFICE USE ONLY
LICENSE #
ISSUE DATE
VOID DATE
RECEIVED DATE

APPLICANT/STUDENT INFORMATION (TO BE COMPLETED BY THE APPLICANT/STUDENT)

APPLICANT/STUDENT NAME (LAST) (FIRST) (MIDDLE) (MAIDEN)	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CONTACT TELEPHONE NUMBER	E-MAIL ADDRESS

PHARMACY COLLEGE AFFIDAVIT *(TO BE COMPLETED BY PHARMACY SCHOOL)*

- The below Pharmacy School/College Affidavit must be completed by an ACPE accredited pharmacy school/college and mailed to the Board office. Alternatively, your pharmacy school/college can submit an official verification letter attesting to your enrollment. Verification letters must be on school letterhead with the appropriate school seal and must be mailed by your pharmacy school/college directly to the Board's address above.
- **UMKC & UHSP (STLCoP) Students**: The Board will verify your school attendance directly with UMKC or UHSP or NABP. This affidavit is not required if you are a UMKC or UHSP student/graduate, unless otherwise requested by the office.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE-NAMED APPLICANT/STUDENT IS ENROLLED IN/ATTENDED:

NAME OF PHARMACY SCHOOL/COLLEGE		
SCHOOL ADDRESS (STREET) (CITY) (STATE) (ZIP)		
START DATE	GRADUATION DATE (DD/MM/YYYY)	DEGREE CONFERRED ☐ B.S. ☐ PharmD. ☐ Other _____

ATTESTATION

I hereby attest/affirm the above pharmacy school/college information is true and correct to my best knowledge and belief. I am making this affidavit/attestation knowing that any false statements or material omission may subject me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

DEAN OR REGISTRAR SIGNATURE	TITLE
PRINT NAME	DATE
	School Seal *(affix school seal below)*