PHARMACY SCHOOL/COLLEGE AFFFIDAVIT

- Upload the completed form to MOPRO at: https://mopro.mo.gov/license/s/ or 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
PRE-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)*:

- **ACPE Accredited Pharmacy School Graduates**: The Board will verify proof of graduation from an ACPE accredited pharmacy school/college directly from NABP. Complete this form only if your pharmacy school/college does not participate in uploading transcripts/proof of graduation to NABP.
- This 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.

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)*