

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

CERTIFICATION OF ACADEMIC INTERNSHIP IN THE PRACTICE OF PHARMACY

APPLICANT: Complete this section and submit to your certifying school for completion. Form must be returned directly from the certifying school to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Graduation: / /

Social Security #: (voluntary-for school's use in locating your records) - -

CERTIFYING SCHOOL: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredpharmacy@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

I hereby certify that the applicant has successfully completed hours,

in a practical experience program consisting of the practice of pharmacy sponsored by this institution.

/ /

Signature

Date

Title