

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.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.

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. SCHOOL may mail to the address above or fax or email with school cover sheet or cover letter to (608) 251-3036 or DSPSCredPharmacy@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

I hereby certify the applicant has successfully completed hours,

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

/ /

Signature (Print and Sign Form)

Date

Title