



**NORTH DAKOTA STATE BOARD OF PHARMACY**

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**Affidavit from Out-of-State  
School or College of Pharmacy**

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This is to certify that \_\_\_\_\_ graduated  
Full Name of Graduate

from \_\_\_\_\_, \_\_\_\_\_ year curriculum from  
Name of Institution

The School or College of Pharmacy on \_\_\_\_\_ with a  
Graduation Date

\_\_\_\_\_ degree.

\_\_\_\_\_  
Dean or Registrar

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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