



NORTH DAKOTA STATE BOARD OF PHARMACY

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

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
