



NORTH DAKOTA STATE BOARD OF PHARMACY

1838 E Interstate Ave Suite D Bismarck, ND 58503

Phone: 701-877-2404 Fax: 701-877-2405

Email: mhardy@ndboard.pharmacy Website: www.ndboard.pharmacy

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
