



## Iowa Board of Pharmacy

400 SW 8th St. Suite E

Des Moines, IA 50309

515-281-5944

### Certificate of Eligibility

(To be completed by the college of pharmacy)

I, \_\_\_\_\_ certify that \_\_\_\_\_  
is registered as a student in the college of pharmacy name below, is enrolled in the first  
professional year in the college of pharmacy, and is satisfactorily progressing toward  
completion of academic requirements for a degree in pharmacy. The above-named student  
is eligible for registration as a Pharmacist-Intern effective \_\_\_\_\_.

(Date)

Any derogatory information on file? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Signed)

**School  
Seal**

\_\_\_\_\_  
(Title and phone number)

\_\_\_\_\_  
(Name of College)

\_\_\_\_\_  
(Address of College)

\_\_\_\_\_  
(Date)

\* Explain or provide copies of any derogatory information on file.