

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
DRUG CONTROL DIVISION
Email: DCP.PharmacistLicense@ct.gov



Pharmacist Education and Internship Hours
Certification For Online Applications

Instructions: To be completed by the School or College of Pharmacy only for students who have graduated or are about to graduate with a Pharmacy Degree from an accredited college of pharmacy.

Education Certification:

This is to certify that _____ has attended

the _____ from ____/____/____
(Name of the College of Pharmacy / Institution name)

to ____/____/____. Date (or Expected Date of Graduation: ____/____/____

Degree (to be) received: _____.

Internship Hours:

To be completed only if the internship hours were recorded by the School/College of Pharmacy

The graduate (or soon to be graduate) named above has completed a total of (number) _____ hours of practical experience administered by this School/College.

Certified by:

Print Name: _____

Title: _____

Signature: _____