

## College Affidavit Instructions

*Completion of the College Affidavit form is required for multiple purposes. Please follow the applicable directions below. The Board may accept the college affidavit form by email if it is sent directly from staff at the college. Students or graduates who have the original affidavit form may mail the document to the Board. Note that documents submitted by USPS take on average 10 days to arrive as the USPS does not deliver to our physical address.*

If applying to obtain an **Intern Registration**, Sections I, II, IV, and V of the College Affidavit must be completed. The student may complete Section I. The Dean or Registrar must complete Sections II, IV, and V. A graduate who has not held a pharmacy intern registration in Virginia but is an otherwise qualified applicant awaiting examination for pharmacist licensure and has completed the required practical experience may be issued a pharmacy intern registration for 3 months. The online intern registration application must be completed at [http://www.dhp.virginia.gov/Pharmacy/pharmacy\\_forms.htm#Intern](http://www.dhp.virginia.gov/Pharmacy/pharmacy_forms.htm#Intern).

If applying to obtain a **Pharmacist License** in Virginia, this form is not required. The ACPE accredited college transcript validated by NABP provides confirmation of your graduation status and confirmation that the required practical experience hours have been completed. The graduate must apply for exams on NABP's website and complete the online pharmacist registration application located on the Board's website at [http://www.dhp.virginia.gov/Pharmacy/pharmacy\\_forms.htm#Pharmacists](http://www.dhp.virginia.gov/Pharmacy/pharmacy_forms.htm#Pharmacists).

A graduate of a Virginia college applying to obtain a **Pharmacist License in a different state may submit a college affidavit form for verification and recording of practical experience hours**. These hours can be transferred to the state(s) in which licensure will be obtained. The graduate may complete Section I. The Dean or Registrar must complete Sections III, IV, and V.

To have **practical experience hours transferred** to a Board of Pharmacy in another state, submit an email request to [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov). The request should include the following:

- First and Last name of graduate as it appears on the Pharmacy Intern Registration
- Pharmacy Intern Registration number
- ACPE College attended
- Email address of a contact at the Pharmacy Board(s) where intern hours should be transferred
- Multiple requests to different states may be submitted within the same email request

**Foreign graduates** should reference guidance document 110-17 for the licensing process. They may supply an FPGEC certification number and the name and license number of the pharmacist who has agreed to be their preceptor at the appropriate section on the online application. The preceptor information can be submitted to the Board by email at [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov) if the application has already been submitted.

 <p style="margin: 0;">Virginia Department of <b>Health Professions</b> Board of Pharmacy</p>	<p style="margin: 0;"><b>9960 Mayland Drive, Suite 300 Henrico, Virginia 23233</b> (804) 367-4456 (Tel) (804) 527-4472 (Fax) <a href="mailto:pharmbd@dhp.virginia.gov">pharmbd@dhp.virginia.gov</a> <a href="http://www.dhp.virginia.gov/pharmacy">www.dhp.virginia.gov/pharmacy</a></p>
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## COLLEGE AFFIDAVIT

**Please read the instruction sheet and check one box below:**

- Applying for an **Intern Registration** (Complete Sections I, II, IV, and V)
- Applying for a **Pharmacist License** in another state and request verification and transfer of ACPE-accredited school of pharmacy intern hours (Complete Sections I, III, IV and V)

**SECTION I**

Name: Last		First		Middle/Maiden	
Street Address			City	State	Zip Code
Email Address		SSN or VA DMV Control Number		Telephone Number	
Intern Registration Number (Provide if ever held registration in Virginia as a pharmacy intern) <b>0203</b> _____					

**SECTION II (student currently enrolled)**

I hereby certify that the above-referenced applicant is currently enrolled at the \_\_\_\_\_  
(College of Pharmacy)

Expected Date of Graduation: \_\_\_\_\_

**SECTION III (student has graduated)**

I hereby certify that the above-referenced applicant has graduated from the \_\_\_\_\_  
(College of Pharmacy)

Total years completed: \_\_\_\_\_      Date Graduation was conferred: \_\_\_\_\_

Total Number of Practical Experience Hours Obtained: \_\_\_\_\_  
(Total contains both IPPE and APPE hours)

**SECTION IV – College Seal**

*SEAL*

**SECTION V - Signature**

\_\_\_\_\_

original signature of the Dean or Registrar

\_\_\_\_\_

Date