

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



Pharmacy Intern Education Certification For
Online Applications

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

This is to certify that _____

has completed at least two (2) full time students credit years of college and is enrolled in the

professional pharmacy program at _____

(Name of the College of Pharmacy / Institution name)

Expected Date of Graduation: _____

Certified by:

Print Name: _____

Title: _____

Signature: _____