

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTION TO SCHOOL REGISTRAR – Complete either Part A or Part B as appropriate; and Part C before returning all pages of the completed form along with an official transcript to the Office of the Professions at the address at the end of the form.

DO NOT return this form to the applicant. This form will not be accepted if submitted by the applicant.

PART A – ACPE OR CCAPP (Since 1993) ACCREDITED PROGRAMS

To be completed only by those schools whose pharmacy program is, or was at the time the degree was awarded, accredited by the American Council on Pharmaceutical Education or the Canadian Council for Accreditation of Pharmacy Programs (Since 1993).

It is hereby certified that: _____
(Applicant name)

is expected to receive the degree of _____ on ____ / ____ / ____,
mo. day yr.

-or-

has earned the degree of _____ on ____ / ____ / ____.
mo. day yr.

PART B – ALL OTHER PROGRAMS (Attach an official school transcript)

INSTRUCTIONS TO THE REGISTRAR:

Complete this part only for non-accredited pharmacy programs.

1. Please fill out the curriculum dates and length of program. Then complete items 3 and 4, checking the appropriate boxes to reflect subject areas completed by the above named applicant. Be sure to sign and date the certification in Part C.
2. Attach a syllabus of the course of studies completed and a catalog or brochure describing the pharmacy program, admission level and structure.

NOTE: If a catalog and syllabus were previously submitted with this form for the same class and dates as below, it is not necessary to submit additional copies.

It is hereby certified that: _____
(Applicant name)

has satisfactorily completed **all** requirements for the degree as noted below.

(a) Date of admission: ____ / ____ / ____
mo. day yr.

(b) Date of completion: ____ / ____ / ____
mo. day yr.

(c) Title of degree awarded: _____

(d) Date degree was awarded: ____ / ____ / ____
mo. day yr.

(e) Length of curriculum: _____

3. Preprofessional Study – Please check all Content Areas covered in program.

Basic Sciences Content Area includes but is not limited to coursework in:

- mathematics*
- biological sciences* with general biology
- physical sciences* with general and organic chemistry

General Education Content Area includes but is not limited to coursework in each of the following areas:

- social and behavioral sciences*
- humanities* with English.

Part B Continued

4. Professional Study – Please check all Content Areas covered in program.

Biomedical Sciences Content Area includes but is not limited to coursework in each of the following areas:

- human anatomy*
- human physiology*
- microbiology/immunology*
- biochemistry*
- pathology*
- biostatistics*

Pharmaceutical Sciences Content Area includes but is not limited to coursework in each of the following areas:

- pharmaceutical or medical chemistry*
- basic pharmaceuticals*, with compounding and dispensing
- biopharmaceuticals*
- pharmacokinetics*
- pharmacognosy or natural products*
- pharmacology*
- pharmacy administration*

Clinical Sciences Content Area means coursework in clinical applications using knowledge gained in the biomedical sciences and pharmaceutical sciences content areas, including but not limited to coursework in each of the following:

- clinical and practice foundations*
- disease processes*
- clinical pharmacology and therapeutics*
- drug information and literature evaluation*

Clinical Experiences In:

- community pharmacies*
- institutional pharmacies*
- inpatient settings*
- outpatient settings*

PART C - CERTIFICATION To be completed by the Registrar for ALL schools

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the education record of the individual named on this form.

Registrar Signature _____ Date: ____ / ____ / ____
mo. day yr.

Type or print name _____

Institution _____


Location _____

Telephone _____

Fax _____

E-mail _____

**(COLLEGE
SEAL)**

**RETURN DIRECTLY
TO:** 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Pharmacy Unit, 89 Washington Avenue, Albany, NY 12234-1000. Or, submit this form to the Department by E-mail at
DPLSEduc@nysed.gov.