

Intern Hours Transfer Request

Complete form below to Transfer Intern Hours from Minnesota to Another State

NON REFUNDABLE FEE DUE - \$20.00 (Payable to the MN Board of Pharmacy)

Instructions: Complete all items below, missing information may delay processing.

Mail or Email this request to:

Minnesota Board of Pharmacy
2829 University Avenue SE #530
Minneapolis, MN 55414-3251
Email: pharmacy.board@state.mn.us

Name of Registered Intern (last, first, middle)		Current MN Intern Number	
Street Address	City	State	Zip

Intern Email Address	Phone
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Name of Individual/Place to Send Verification	Street Address	City	State	Zip
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Additional Comments/Instructions
