

Intern Hours Transfer Request

Complete the 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 completed request and payment to:

Minnesota Board of Pharmacy
335 Randolph Ave, Suite 230
Saint Paul, MN 55102

Intern Information

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

Verification Mailing Instructions

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|---|----------------|------|-------|-----|
| Name of Individual/Place to Send Verification | Street Address | City | State | Zip |
|---|----------------|------|-------|-----|

Additional Comments

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| Additional Comments/Instructions |
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