**Letter of Acceptance for State Exam Practice**

**Name of Student:**

**-----------------------------------------------------------------------------------------------------------------**

**Name of Pharmacy, Address of Pharmacy, *email address*:**

**-----------------------------------------------------------------------------------------------------------------**

**Name of Pharmacist for Education:**

**Type of the State Exam Practice:**

* State exam practice I. Prescription pharmacy (120 hours)
* State exam practice I. Pharmacy dispensing (120 hours)

2 months: July 11 – August 7, 2022; August 8 – September 9, 2022.

**Date:-----------------------------------------------------------------------------**

**Signature of Pharmacist:-----------------------------------------------------------------------**

**Stamp**