



STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

Chapter Certification Letter

To: Dean of Students

From: The Student National Pharmaceutical Association (SNPhA)

Re: Chapter Certification

This is to certify that _____
Name of School

does officially recognize its local chapter of the Student National Pharmaceutical Association.

 Date Founded

List of Current Chapter Officers
President
Vice President
Secretary
Treasurer
Advisor

Please forward this and any questions you may have to your local chapter president as soon as possible. Your prompt response in completing this form will assist SNPhA National Headquarters in the immediate completion of the charter process. Thank you for your support and cooperation.

 Please print name (Dean of Students) Telephone number (Dean of Students)

 Signature (Dean of Students) Date

PLEASE NOTE: In order to complete the chartering process, this form must be submitted with the Petition for Chapter Charter, Chapter Registration Form, By-laws, and \$45 Chapter Fee.

Mail all completed forms and fees to:
 SNPhA National Headquarters
 P.O. Box 1203
 Paintsville, KY 41240