

**To be completed by the Pharmacist-in-Charge of employer pharmacy:**

I certify that \_\_\_\_\_ has adequately completed the required 20 hour training program as outlined in West Virginia Code of State Rules § 15-7-3.1(a)(3) and 3.2.

Pharmacist-in-Charge Name (Print): \_\_\_\_\_

Pharmacist-in-Charge Signature: \_\_\_\_\_ RP000 \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_

Subscribed and sworn, or affirmed, to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature: \_\_\_\_\_ Seal:

Notary Public