

To be completed by the Pharmacist-In-Charge of employer-pharmacy

I certify that \_\_\_\_\_ has adequately completed the required 500 hour training program.

Date Hours and Training Program completed: \_\_\_\_\_

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

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

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

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

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

Signature: \_\_\_\_\_ Seal:  
Notary Public