

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

I certify that _____ has adequately completed the required 500 hour nuclear pharmacy technician training program, including the 20 hour training program, as outlined in West Virginia Code of State Rules § 15-7-3.1(a)(3), 15-7-3.2, and 15-7-4.

Date Hours and Training Program Completed: _____

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