

To be completed by Pharmacy Technician learning institution:

I certify that the applicant, _____, has adequately completed the competency-based pharmacy technician education and training program of this learning institution or training center.

Learning Institution or Training Center Name: _____

Authorized Signature: _____ Date: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20____.

Signature: _____ Seal:

Notary Public