

**To be completed by the WVBOP approved Pharmacy Technician learning institution:**

I certify that the applicant, \_\_\_\_\_, is currently enrolled in the WVBOP approved competency-based pharmacy technician education and training program of this learning institution or training center.

WVBOP Approved 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