



Washington State Department of
Health

Pharmacy Technician Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Pharmacy Technician Letter of Recommendation

Applicant's Name _____

To be completed by recommender:

I have known the applicant for approximately: _____ years _____ months

My relationship to the applicant was (or is) in the following capacity:

Employer Supervisor Co-worker

I hereby certify that I am a licensed pharmacist in good standing in the state of _____.

My license/certification number is: _____

I further certify that I have been personally acquainted with _____
and that to the best of my knowledge, I believe he or she is of good moral and professional character.
I confirm that he or she is free from habits liable to interfere with his or her professional services.

Remarks: _____

Print Name: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Daytime Phone (enter 10 digit #): _____

Signature: _____ Date: _____