



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

Law Study Verification

_____ has completed a minimum of eight hours of study and discussion of Washington State pharmacy law under my supervision and possesses a working knowledge of this law.

Pharmacist information:

Printed name:
Signature:
WA License number:

Pharmacist contact information:

Name:
Street:
City:
Phone (enter 10 digit #):
Date:
Email Address: