



Pharmacy Quality Assurance
Commission Credentialing
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Pharmacy Technician-in-Training Enrollment Form

Check one: <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Change Location	
Name of Registered Pharmacy Assistant	Credential Number
Name of Pharmacy Technician Training Program on Record	Training Program Credential Number on Record
Training Program End Date (MM/DD/YYYY)	Training Program Address
Pharmacist Program Director Attestation (must be completed by the approved pharmacist program director)	
The pharmacy technician training program must meet the minimum requirements listed WAC 246-945-203 and WAC 246-945-215 .	
Name of Pharmacy Technician Training Program	
Training Program Credential Number	Pharmacist Program Director Credential Number
Training Program Start Date (MM/DD/YYYY)	
<p>I, _____, attest that the pharmacy assistant is (Print name of licensed pharmacist)</p> <p>currently enrolled in the above named Pharmacy Quality Assurance Commission approved pharmacy technician training program and I am a licensed Pharmacist in Washington state.</p> <p>_____ (Signature of pharmacist)</p> <p>_____ (Date mm/dd/yyyy)</p> <p>Note: The supervisor must be the program director and a licensed pharmacist in Washington state. This form must be mailed or emailed directly from the program director.</p>	
Registered Pharmacy Assistant Attestation	
<p>I, _____, attest that the information above is true and correct. (Print name of pharmacy assistant)</p> <p>_____ (Signature of pharmacy assistant)</p> <p>_____ (Date mm/dd/yyyy)</p>	