



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: \_\_\_\_\_