



Pharmacy Quality Assurance  
Commission Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Pharmacy Technician-in-Training Enrollment Form

**Note: The supervisor must be an approved pharmacists program director and a licensed pharmacist in Washington State.**

Name of Registered Pharmacy Assistant		Credential Number
Address		Date of Birth
City	State	Zip Code

### Pharmacy Program Director Attestation (must be completed by the approved pharmacy 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	Pharmacy Program Director Pharmacists Credential Number
Training Program Start Date (MM/DD/YYYY)	

I, \_\_\_\_\_, attest that the pharmacy assistant is  
(Print name of licensed pharmacist)

currently enrolled in a Pharmacy Quality Assurance Commission approved pharmacy technician training program and am a licensed Pharmacist in Washington.

\_\_\_\_\_  
(Signature of pharmacist)

\_\_\_\_\_  
(Date mm/dd/yyyy)

### Registered Pharmacy Assistant Attestation

I, \_\_\_\_\_, attest that the information above is true and correct.  
(Print name of pharmacy assistant)

\_\_\_\_\_  
(Signature of pharmacy assistant)

\_\_\_\_\_  
(Date mm/dd/yyyy)