

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Pharmacist's Certification of Training Completion

This form should be completed by the Louisiana licensed pharmacist that completed the *Pharmacist's Certification of Training Intention for Pharmacy Technician Candidate Applicant*, as verification of training and experience completion for a registered Pharmacy Technician Candidate (PTC).

Upon completion, the Pharmacy Technician Candidate may submit this form to the Board office during the Pharmacy Technician Certificate application process (online or paper). If you failed to submit the form during the application process, you may upload the form using the Online Services Portal.

Pharmacy Technician Candidate Full Name:	
Pharmacy Technician Candidate Registration No.:	
Pharmacist (Pharmacy Technician Educator) Full Name:	
Pharmacist Louisiana License No.:	
Pharmacy Name (Training Location):	Louisiana Pharmacy Permit No.:
Beginning Date of Hours Earned:	End Date of Hours of Earned:
Total Number of Hours Credited:	
The pharmacist (Pharmacy Technician Educator) identified above should attest to the following by providing an original signature below:	
 I certify that neither my pharmacist license nor the pharmacy permit where the training occurred were on probation with the Louisiana Board of Pharmacy during the training period. I certify that I have provided academic preparation including technical skills and knowledge, sufficient to prepare the candidate to adequately perform the duties of a pharmacy technician. I certify that the academic preparation met the minimum requirements of a board-approved pharmacy technician certification examination provider. (PTCB or ExCpt) I certify the pharmacy technician candidate identified above has earned hours of practical experience under my supervision at the pharmacy identified herein, as fully detailed above. I certify that the technician candidate did not earn more than 50 hours per week. To the best of my knowledge and belief, the pharmacy technician candidate is competent to assist in the practice of pharmacy. 	
Pharmacist's Signature:	Date: