

**PHARMACY TECHNICIAN TRAINING COMPLETION AFFIRMATION FORM**

*I hereby affirm that I have completed the Pharmacy Technician Training Program approved by the Alabama State Board of Pharmacy. I affirm that all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.*

Name of the Board approved Pharmacy Technician Training Program Provider

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Printed name of person completing the Program

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Signature of person completing the Program

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Date

Date Pharmacy Technician Training Program was completed

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Supervising Pharmacist or Instructor Signature

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Date