Pharmacist experience letter

Editable sample letter: replace the details with your own records before signing

Letter reference: [Reference]
Issue date: [Issue date]
Employer: [Company]
Employee: [Employee Name]
Employee ID: [Employee ID]
Workplace: [Workplace]
To whom it may concern,
This is to certify that [Employee Name] worked as [Designation] at our retail counter from [Start date] to [End date].
Recorded duties included dispensing medicines against prescriptions the responsible pharmacist had accepted, explaining the labelled dose to the patient in line with that label, recording controlled-medicine entries in the register the pharmacy keeps, and checking expiry dates during the weekly shelf count. The employee did not own the pharmacy licence and did not set the pharmacy's purchasing contracts.
Registration is proved by the certificate or register entry, not by a job letter.
For [Company]
Authorised issuer: [pharmacy manager or HR]
Verification contact: [approved employer contact]
Pharmacy licence holder: [the licensed entity or person on the actual licence]
Authorised signature and stamp if used: _____