



**AFFIDAVIT OF COMPLETION  
PHARMACY TECHNICIAN TRAINING  
AND EDUCATION PROGRAM**

State Form 55225 (R3 / 6-17)

**INDIANA BOARD OF PHARMACY  
PROFESSIONAL LICENSING AGENCY**  
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Please type or print clearly in ink.

| QUALIFYING PHARMACIST STATEMENT AND AFFIDAVIT   |                        |
|---|------------------------|
| <p>I, _____, do solemnly swear or affirm, under the penalties of perjury,<br/><i>Name of qualifying pharmacist</i></p> <p>that _____ began the following Indiana Board of Pharmacy approved<br/><i>Name of pharmacy technician applicant</i></p> <p>training and education program, _____,<br/><i>Name of the Indiana Board of Pharmacy approved program completed</i></p> <p>and _____, on _____ and<br/><i>Number issued to your program by the Indiana Board of Pharmacy</i> <i>Start date (month, day, year)</i></p> <p>successfully completed training on _____.<br/><i>Completion date (month, day, year)</i></p> |                        |
| Signature of qualifying pharmacist  | License number         |
| Name of pharmacy  | Pharmacy permit number |
| Date (month, day, year)   |                        |

| APPLICANT AFFIRMATION  |                         |
|--|-------------------------|
| <p>I hereby swear or affirm, under the penalties of perjury, that the statements made in this affidavit are true, complete, and correct.</p> |                         |
| Signature of pharmacy technician applicant   | Date (month, day, year) |
| Technician-in-Training permit number (if applicable)   |                         |