



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

State Form 55225 (R4 / 7-22)

**INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204-2724
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Website: www.in.gov/pla

Please type or print clearly in ink.

PHARMACIST STATEMENT AND AFFIDAVIT	
<p>I, _____, do solemnly swear or affirm, under the penalties of perjury, <i>Name of pharmacist</i></p> <p>that _____ began the following Indiana Board of Pharmacy approved <i>Name of pharmacy technician applicant</i></p> <p>training and education program, _____, <i>Name of the Indiana Board of Pharmacy approved program completed</i></p> <p>and _____, on _____ and <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 _____. <i>Completion date (month, day, year)</i></p>	
Signature of 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)
<p>Technician-in-Training permit number (if applicable)</p>	