

[Company Letterhead]
[Company Name]
[Company Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Date]

To Whom It May Concern,

This is to certify that [Employee's Name], holder of [Employee's ID/Employee Number], was employed at [Company Name] as a [Job Title] from [Start Date] to [End Date].

During their tenure, [he/she/they] demonstrated exceptional skills in various pharmacy operations, including but not limited to:

- [List specific responsibilities and duties]
- [Examples of achievements or contributions]
- [Management of inventory and medications]
- [Customer service excellence]

[Employee's Name] was a valuable member of our pharmacy team, known for [his/her/their] dedication, professionalism, and attention to detail.

We wish [him/her/them] the very best in all future endeavors.

Sincerely,

[Your Name]
[Your Job Title]
[Company Name]
[Signature]