

[Your Hospital's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

This is to certify that [Employee's Name] has worked as a Hospital Pharmacist at [Hospital Name] from [Start Date] to [End Date]. During this period, [he/she/they] demonstrated exceptional skills in pharmaceutical care and was a vital member of our healthcare team.

[Employee's Name] was responsible for:

- Compounding and dispensing medications to patients, ensuring accuracy and safety.
- Collaborating with physicians and healthcare staff to optimize medication therapy management.
- Providing patient education regarding medication use, side effects, and interactions.
- Monitoring patient drug therapies and making recommendations for adjustments as necessary.
- Participating in clinical rounds and contributing to interdisciplinary discussions on patient care.

[Employee's Name]'s attention to detail, combined with [his/her/their] strong communication skills, greatly enhanced the quality of care we provided to our patients. [He/She/They] is a dedicated professional whose contributions significantly impacted our pharmacy department and the overall hospital operations.

We wish [Employee's Name] the best in all future endeavors and strongly recommend [him/her/them] for any positions [he/she/they] seeks in the field of pharmacy.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Contact Information]