

[Your Pharmacy's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter is to certify that [Employee's Name] has been employed with [Pharmacy Name] as a Pharmacist from [Start Date] to [End Date]. During this period, [he/she/they] demonstrated exceptional skills and professionalism while performing a variety of responsibilities.

[Employee's Name] was responsible for:

1. Dispensing medications and managing prescriptions accurately.
2. Providing pharmaceutical care and counseling to patients regarding their medications.
3. Collaborating with healthcare professionals to develop patient treatment plans.
4. Conducting inventory management and ensuring compliance with regulatory requirements.
5. Training and supervising pharmacy interns and support staff.

[Employee's Name] consistently displayed strong communication skills and a commitment to patient safety and well-being. [His/Her/Their] dedication to ongoing education and adherence to pharmacy best practices was greatly valued by our team.

We wish [Employee's Name] all the best in [his/her/their] future endeavors. Please feel free to contact us at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Position]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]