

[Your Name]
[Your Position]
[Your Pharmacy's Name]
[Pharmacy's Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Subject: Experience Letter for [Graduate's Name]

Dear [Recipient's Name],

I am pleased to write this letter to confirm that [Graduate's Name] has completed their internship at [Pharmacy's Name] from [Start Date] to [End Date]. During this period, [he/she/they] successfully undertook various responsibilities and gained significant experience in pharmaceutical practices.

[Graduate's Name] demonstrated proficiency in the following areas:

1. [Responsibility/Task 1]
2. [Responsibility/Task 2]
3. [Responsibility/Task 3]

[He/She/They] exhibited excellent communication skills, a strong work ethic, and a commitment to patient care. [His/Her/Their] ability to work collaboratively with our team made a positive impact on our pharmacy operations.

We wish [Graduate's Name] all the best in [his/her/their] future endeavors.

Sincerely,

[Your Name]
[Your Position]
[Pharmacy's Name]