



## Supervisor Attestation Form for the PTCB Nonsterile Compounding Certificate Program

PTCB requires documentation to demonstrate that candidates have met the eligibility requirements to earn the Nonsterile Compounding certificate. This form must be completed by a supervisor who directly observed the activities of the Nonsterile Compounding candidate. The candidate is required to submit the form by logging into their [PTCB Account](#).

Candidate Information
Candidate Full Name: _____
PTCB Account ID: _____

The following two sections must be completed by your supervisor (or former supervisor).

Supervisor Information
Full name: _____
Employer address (street, city, state, ZIP code): _____
Supervisor job title: _____
Supervisor phone number: _____
Supervisor email address: _____
License/registration number (if applicable): <input type="checkbox"/> Pharmacist _____ <input type="checkbox"/> Pharmacy Technician _____ <input type="checkbox"/> Other credential(s) _____

Supervisor Attestation
I, _____, do hereby certify that the information on this form is true and correct to the best of my knowledge. I understand that material misrepresentations on this form may affect the eligibility of the candidate for the PTCB Nonsterile Compounding Assessment-Based Certificate Program,

and that PTCB may refer misrepresentations on this form to state regulatory bodies for review.

- ☐ I certify that the applicant has at least 12 months of full-time employment as a pharmacy technician within the past eight (8) years; at least 50% of which was devoted to independently compounding nonsterile preparations.

Signature of Supervisor \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_