

[Your Name]

[Your Title]

[Your Pharmacy Name]

[Your Pharmacy Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter serves as a formal verification of the pharmacy license for [Employee's Full Name], who has applied for employment in the specialized field of [Specialized Field].

[Employee's Full Name] holds a pharmacy license issued in [State] with the license number [License Number]. The license was granted on [Issue Date] and is currently valid, expiring on [Expiration Date].

As part of our commitment to ensuring a high standard of care and professionalism, we verify all licensing information to confirm that our employees meet the regulatory requirements necessary for their specialized roles.

If you require any further information or verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]