

# *Certificate of completion*

*This is to certify that*

**Sample Student**

*has successfully completed the  
pharmacy technician program*

*meeting all requirements of the Pacific Medical Training curriculum.*



XXXX-XX-XX

Issue date

XXXX-XX-XX

Renew by

1234-5678-9012

eCard code

A handwritten signature in black ink, reading "Will Exio".

Program manager

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