

Candidate Full Name: \_\_\_\_\_

PTCB Account ID: \_\_\_\_\_

## Supervisor Attestation Form for the PTCB Billing and Reimbursement Certificate Program

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

Candidate Information
Full name: _____
PTCB Account ID: _____

Candidate Eligibility Requirements
Select your completed pathway.
<input type="checkbox"/> Pathway 1: Completion of a <a href="#">PTCB-Recognized Education/Training Program for the Billing and Reimbursement Certificate</a> and at least 6 months of experience as a pharmacy technician, at least 50% of which must be devoted to pharmacy billing and reimbursement activities.
<input type="checkbox"/> Pathway 2: At least 12 months of full-time employment with experience as a pharmacy technician, at least 50% of which must be devoted to pharmacy billing and reimbursement activities.

**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: _____

Candidate Full Name: \_\_\_\_\_

PTCB Account ID: \_\_\_\_\_

Supervisor email address: \_\_\_\_\_

License/registration number (if applicable):

License/registration number (if applicable):

- Pharmacist \_\_\_\_\_
- Pharmacy Technician \_\_\_\_\_
- 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 Billing and Reimbursement Assessment-Based Certificate Program, and that PTCB may refer misrepresentations on this form to state regulatory bodies for review. **Select one of the following options:**

- I certify that the applicant has at least 6 months of experience as a pharmacy technician, at least 50% of which was devoted to pharmacy billing and reimbursement activities.
- I certify that the applicant has at least 12 months of full-time employment with experience as a pharmacy technician, at least 50% of which was devoted to pharmacy billing and reimbursement activities.

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

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