

NCODA

Oncology Pharmacy Technician Association

OPTA Certification – Employment Attestation Letter

Date: _____

To Whom It May Concern,

This letter serves as verification that **[Applicant Full Name]** has been employed with **[Organization Name]** in an oncology pharmacy setting.

Employment Dates:

From: _____ To: _____

Employer Contact Information:

Name: _____

Title/Position: _____

Organization: _____

Phone: _____

Email: _____

I attest that the above information is accurate and complete to the best of my knowledge.

Employer Signature (Physical Signature Required):

Date Signed: _____
