<Date Month Year>

To whom it may concern

Evidence for audit of compliance – Statement from Employer – Recency of Practice

I confirm that [insert employee’s name] with the registration number [insert Ahpra registration number] has practised as a Pharmacist at [name of practice/facility] for a minimum of the following hours:

(please tick one option)

* 150 hours between 1 December 2020 to 30 November 2021, or
* 450 hours between 1 December 2018 to 30 November 2021.

Yours sincerely

<Name>

<Position>

<Organisation/company>

<Contact Number>

<Address line 1>

<Address line 2>

<SUBURB STATE PCODE>

[The contents of this letter may be copied onto company letterhead.

Once completed, the employee will forward it to Ahpra with other required evidence.]