

[Hospital or Clinic Letterhead]

[Date]

[Recipient Name or To Whom It May Concern]

[Recipient Address]

[City, State, Zip Code]

**Subject: Certification of Proficiency in Chemotherapy Drug Handling**

Dear [Recipient Name],

This letter serves to formally certify that **[Employee Name]**, holding the position of **[Job Title, e.g., Oncology Registered Nurse / Pharmacy Technician]**, has successfully completed the required training and competency assessments for the safe handling, preparation, and administration of chemotherapy and hazardous drugs.

The certification process included comprehensive instruction on the following:

- Occupational Safety and Health Administration (OSHA) guidelines.
- Proper use of Personal Protective Equipment (PPE).
- Aseptic technique and closed-system transfer devices (CSTDs).
- Hazardous waste disposal and spill management protocols.
- Pharmacology and clinical management of cytotoxic agents.

As of **[Certification Date]**, [Employee Name] is recognized as proficient in these clinical standards and is authorized to handle hazardous medications at **[Facility Name]**. This certification is valid until **[Expiration Date]**, pending annual competency review.

If you require further verification or documentation, please contact the [Department Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Supervisor or Program Coordinator]

[Title]

[Department Name]

[Facility Name]