



PHARMACIST SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise and Teach

	1	2	3	4
Experience				
Hospital				
Retail				
Home infusion				
Long term care facility				
Nuclear dispensing				
Formulary management				
Patient education				
Third party programs				
Specialties				
Pediatrics				
Geriatrics				
Oncology				
Nuclear				
Nutrition				
Infectious diseases				
Kinetics				
Pain management				
Psychiatric patient management				
Renal patient management				
Diabetic patient management				
Other (list):				
Young's Rule				
Crowling's Rule				
Freid's Rule for Infants				
Therapy				
Antibiotics				
Chemotherapy				
TPN				
Piggybacks				
Kinetics				
Isotonic solutions				
Epidural/PCA pump management				
Code Blue (CPR) management				
Nuclear pharmacy				
Electrolyte solutions				

	1	2	3	4
Disease State Management				
Diabetes				
Asthma				
Anticoagulation				
AIDS/HIV Patients				
Anesthesia management				
Chemotherapeutics/Oncology				
Endocrinology				
Dose calculations				
Calibration of droppers				
Drug dose based on age				
Drug dose based on body weight				
Drug dose based on body surface area				
Altering formulas				
Mass/Volume/Density				
Specific gravity for liquids				
Specific gravity for solids				
Specific volume				
Percentage calculations				
% weight in volume				
% volume in volume				
% weight in weight				
Conversions of concentration to mg/ml				
Dilution and Concentration				
Alcohol dilution				
Acid dilution				
Stock solutions				
Isotonic and electrolyte solutions				
Calculations for isotonic solution preparation				
Millimoles vs. milligram				
Osmolarity				
Constituted solutions and admixtures				
Oral solution/suspension				
Parenteral				

Name: _____

	1	2	3	4
Drug availability and Pharmacokinetics				
Elimination rate and elimination half life				
Creatinine clearance rate				
Adjusting creatinine clearance rate				
Radioactive pharmaceuticals				
Intersystem conversions				
Solubility ratios				
Buffer solutions				
Prescription pricing				
Other (list):				

	1	2	3	4
Automation Type				
Baxter				
Abbott				
McKesson Home				
Pyxis RX				
Meditech				
Other (list):				

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date