



PHARMACY TECH 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

Experience	1	2	3	4
Hospital				
Retail				
Long term care facility				
Other (list):				
Automation Type				
Baxter				
Abbott				
McKesson home				
Pyxis Rx				
Meditech				
General Skills				
Interpret prescriptions for accuracy				
Prepares and fills prescriptions				
Prepare simple preparations				
Create new patient profiles				
Screen medication orders for completeness				
Counsel patients or refer to pharmacist				
Record keeping for controlled substances				
Narcotic inventory control				
Familiarities with medical records and profiles				
Other Skills				
Working with computer				
Computerized medication information databases				

Purchasing medications, medical devices and supplies				
Stocking medications, medical devices and supplies				
Disposal of hazardous materials and waste				
Compliance with State and Federal laws				
Billing for services				
Handling third party rejected claims				
Reconstitution				
Reporting medication errors				
Oral tablets and capsules				
Sublingual medications				
Eye drops and ointments				
Nose drops				
Transdermal patches				
Topical ointments and creams				
Ear drops				
Oral inhalers				
Suppositories				
Enemas				
Injections – Insulin Subcutaneous				

Name: _____

Pharmacy Tech
Skills Checklist (page 2)

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