AMERICAN MEDICAL STAFFING

PHARMACY TECH SKILLS CHECKLIST

Instructions: Please indicate in the space below the number of years/months experience you have in the following procedures or protocols. Leave blank any areas in which you are not familiar or experienced. Please provide accurate answers so we can correctly match your abilities with client's request.

Last Name:_____ First Name:_____

Soc. Sec. #_____ Date:_____

PHARMACY TECH – HOSPITAL	**YEARS**	**MONTHS**
Pharmak on 2000		
Pyxix Rx 2000		
Cart Fill		
Chemotherapy		
Compounding		
IV Preparation		
Hyper Alimental		
TPNs		
Piggy Backs		
Bingo Cards		
Meditech		
PHARMACY TECH – RETAIL	**YEARS**	**MONTHS**
Pharmak on 2000		
Pyxis Rx 2000		
Dispensing		
Rx Express		
PDX		
Other		