



***CERTIFIED MEDICATION TECHNICIAN  
SKILLS CHECKLIST***

- 1 – NO EXPERIENCE**
- 2 – SOME EXPERIENCE (Require assistance / supervision)**
- 3 – EXPERIENCED (Need review, can perform independently)**
- 4 – VERY EXPERIENCED (Can perform well independently)**

Please select the column that most accurately describes your experience level.

<b>EXPERIENCE LEVEL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Medication Administration				
Knowledge of Drug and Dosage				
Knowledge of Drug Reactions				
Drug Preparation				
Observe Medication Reaction/Side Effects				
Document and Maintain Medical Records				
Collaborate with Charge Nurse and Staff				
Safety Precautions				
Record and Stock Drug Inventory				

**I ATTEST THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND ACCURATE .**

\_\_\_\_\_  
**Independent Contractor**

**Date**

\_\_\_\_\_  
**Encore Staff**

\_\_\_\_\_  
**Date**