

## ***PHARMACY 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>
<b>MEDICATION ADMINISTRATION</b>				
Preparation of Medications				
Storage of Medications				
Dispensing of Medications				
Narcotic Accountability				
After Hours Med Systems				
Emergency Med Systems				
Unit Dose Systems				
Control of Sample Medications				
<b>GENERAL SKILLS KNOWLEDGE</b>				
Medication Allergies				
Food / Medication Interactions				
Med / Med Interactions				
Adverse Medication Interactions				
Dosage Calculations				
IV Medication Administration				
Compounding Medications				
Inventory and Stocking				
Medication Safety Initiatives				
Medication Recall				
Monitoring of High Risk Meds				
Pharmaceutical Equivalence				
Therapeutic Equivalence				
<b>COMMUNICATION</b>				
Clarification of Physician Orders				
Consult with Pharmacist				

<b>EXPERIENCE LEVEL</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>ADMINISTRATIVE/CUSTOMER SERVICE</b>				
Patient Profiles				
Appropriate Labeling				
Formulary Management				
Billing & Credits				
Patient Education				
Insurance Claim Forms				
Answering and Directing Phone Calls				
Awareness of New Medications				
Cash Register Transactions				
Pricing Prescriptions				
<b>IV EXPERIENCE</b>				
Calculation of Dosages				
Antibiotics				
<b>PRACTICE SETTINGS</b>				
Centralized Pharmacy				
Decentralized Pharmacy				
Unit Dose				
Manual Mixing				
Automated Mixing				
Mix & Check IVs				
<b>AGE</b>				
Newborn (birth-30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

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

\_\_\_\_\_  
**Pharmacy Technician**

**Date**

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

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