



## Pharmacy Tech Skills Checklist

**Name:** \_\_\_\_\_

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

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only.

2 = Familiar with. You are familiar with the task, but you would need more experience and practice to feel comfortable and proficient in this type of skill.

3 = Experienced in. You have performed this task several times and feel comfortable functioning independently, but would require a resource person to be nearby.

4 = Expert. You have performed this skill frequently and feel comfortable and proficient. You would not require supervision or practice.

Skill Level	1	2	3	4
<b>Experience</b>				
Hospital				
Retail				
Long term care facility				
Other (list)				
<b>Automation Type</b>				
Baxter				
Abbott				
McKesson Home				
Pyxis Rx				
Meditech				
<b>General Skills</b>				
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				
Recordkeeping for controlled substances				
Narcotic inventory control				
Familiarities with medical records/profiles				

Skill Level	1	2	3	4
<b>General cont...</b>				
Working with word processor				
Familiarity with internet database				
Computerized medication information databases				
Purchasing medications, medical devices and supplies				
Stocking medications, medical devices and supplies				
Disposal of hazardous materials/waste				
Compliance with State/Federal laws				
Billing for services				
Handling third party rejected claims				
Reconstitution				
Reporting medication errors				
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				

Please list any areas of expertise below:

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**I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_