



# Pharmacy Technician Self Assessment

## Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Print Name

SS#

Date

General Skills	Frequency				Experience			
Communication skills: written & verbal	1	2	3	4	1	2	3	4
Accepting daily non-narcotic orders	1	2	3	4	1	2	3	4
Inventory control	1	2	3	4	1	2	3	4
Pharmaceutical calculations	1	2	3	4	1	2	3	4
Pharmacy management/operations	1	2	3	4	1	2	3	4
General order processing & drug distribution	1	2	3	4	1	2	3	4
COPE (Computerized Order Physician Entry)	1	2	3	4	1	2	3	4
Hazardous chemical protocols	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Infection control in pharmacy services	1	2	3	4	1	2	3	4
Hazardous & pharmaceutical waste disposal	1	2	3	4	1	2	3	4
Joint Commission National Patient Safety Goals	1	2	3	4	1	2	3	4
Patient safety techniques (Safe Medication Practices)	1	2	3	4	1	2	3	4
Reporting of patient care incidents	1	2	3	4	1	2	3	4
Rapid response/code blue teams	1	2	3	4	1	2	3	4
Batch hood use & maintenance	1	2	3	4	1	2	3	4
Patient/family teaching	1	2	3	4	1	2	3	4
Drug - drug interactions	1	2	3	4	1	2	3	4
Drug - food interactions	1	2	3	4	1	2	3	4
Knowledge branded drugs/generic equivalent	1	2	3	4	1	2	3	4
Cart fill	1	2	3	4	1	2	3	4

Practice Settings/Experience	Frequency				Experience			
In patient - hospital	1	2	3	4	1	2	3	4
Out patient	1	2	3	4	1	2	3	4
Ambulatory care	1	2	3	4	1	2	3	4
Oncology clinic	1	2	3	4	1	2	3	4
Mail order	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Practice Settings/Experience - cont.	Frequency				Experience			
Home health infusion	1	2	3	4	1	2	3	4
Long-term care	1	2	3	4	1	2	3	4
Retail	1	2	3	4	1	2	3	4
Formulary management	1	2	3	4	1	2	3	4
Pediatrics	1	2	3	4	1	2	3	4
Pain management	1	2	3	4	1	2	3	4
Geriatrics	1	2	3	4	1	2	3	4
Intensive care units	1	2	3	4	1	2	3	4
Oncology	1	2	3	4	1	2	3	4
Anticoagulation	1	2	3	4	1	2	3	4
Diabetic patient management	1	2	3	4	1	2	3	4
Infectious diseases	1	2	3	4	1	2	3	4
Nuclear pharmacy/dispensing	1	2	3	4	1	2	3	4
Psychiatry	1	2	3	4	1	2	3	4

Pharmacy Skills	Frequency				Experience			
Compounding sterile preparations	1	2	3	4	1	2	3	4
Advantage system	1	2	3	4	1	2	3	4
Baxters add-a-vial	1	2	3	4	1	2	3	4
Infusion pumps	1	2	3	4	1	2	3	4
Multi-dose vials	1	2	3	4	1	2	3	4
Frozen antibiotics	1	2	3	4	1	2	3	4
TPN	1	2	3	4	1	2	3	4
Batch injection devices	1	2	3	4	1	2	3	4
Narcotic dispensing protocols	1	2	3	4	1	2	3	4
Chemotherapy	1	2	3	4	1	2	3	4
Wound care	1	2	3	4	1	2	3	4
Skin care products	1	2	3	4	1	2	3	4
Ulcer care products	1	2	3	4	1	2	3	4
Ostomy supplies	1	2	3	4	1	2	3	4
Urologic supplies	1	2	3	4	1	2	3	4
Surgical supplies	1	2	3	4	1	2	3	4
Investigational drugs	1	2	3	4	1	2	3	4
Restocking	1	2	3	4	1	2	3	4
Record keeping requirements compounded medications	1	2	3	4	1	2	3	4



Initials \_\_\_\_\_

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Pharmacy Technician in Hospital Setting *as allowed by State pharmacy technician practice laws	Frequency				Experience			
Call physicians for refill authorization	1	2	3	4	1	2	3	4
Compound medications for dispensing	1	2	3	4	1	2	3	4
Transfer prescription orders	1	2	3	4	1	2	3	4
Accept called-in RX from physician's office	1	2	3	4	1	2	3	4
Enter prescription into pharmacy computer	1	2	3	4	1	2	3	4
Check the work of other technicians	1	2	3	4	1	2	3	4

Pharmacy Software/Automation	Frequency				Experience			
Abbott	1	2	3	4	1	2	3	4
Cerner	1	2	3	4	1	2	3	4
McKesson	1	2	3	4	1	2	3	4
Meditech	1	2	3	4	1	2	3	4
Access	1	2	3	4	1	2	3	4
Baxter/Sure Med	1	2	3	4	1	2	3	4
Pyxis	1	2	3	4	1	2	3	4
BAXA	1	2	3	4	1	2	3	4
Parata	1	2	3	4	1	2	3	4
PharmASSIST	1	2	3	4	1	2	3	4
PharmASSIST - ROBOTX	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Infant (birth to 1 year)	1	2	3	4	1	2	3	4
Toddler (ages 1-3 years)	1	2	3	4	1	2	3	4
Preschooler (ages 3-5 years)	1	2	3	4	1	2	3	4
Childhood (ages 6-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 12-21 years)	1	2	3	4	1	2	3	4
Young Adults (ages 21-39 years)	1	2	3	4	1	2	3	4
Adults (ages 40-64 years)	1	2	3	4	1	2	3	4
Older Adults (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (ages 80+ years)	1	2	3	4	1	2	3	4



Frequency		Experience	
1	Observed Only or Never Done	1	No Experience
2	Rarely Done (<6 times/year)	2	Some Experience (Requires Assistance)
3	Occasionally Done (1-2 times/month)	3	Experienced (Performs without Assistance)
4	Frequently Done (daily or weekly)	4	Very Experienced (Performs Well)

Initials \_\_\_\_\_

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date