**Your Name, Title**

Street Address City, ST Zip

Phone email address

**Objective**

To apply my skills as a Pharmacy Technician with Company Name, in a professional manner that encourages teamwork

**Skills and Qualifications**

|  |  |  |
| --- | --- | --- |
| HIPAA CertificationPrescription ProcessingKnowledge of Pharmacy Weights and MeasurementsPharmacy Law & EthicsControlled Substance RegulationsPharmacy Inventory | Unit dose proceduresPharmacy CalculationsDaily Pharmacy Operational ProceduresPractice Aseptic TechniquePrescription and Physicians Order Interpretation | PharmacologyKnowledgeDaily Pharmacy Operational ProceduresExtemporaneous CompoundingData EntryIV Admixtures Experience |

**Education**

Milan Institute Sparks, NV Graduated mm/yyyy

Pharmacy Technician Program

Name of High School City, ST Graduated yyyy

**Work Experience**

Company Name City, ST Start/End

**Position Title**

Responsibilities and Duties

Responsibilities and Duties

Responsibilities and Duties

Company Name City, ST Start/End

**Position Title**

Responsibilities and Duties

Responsibilities and Duties

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Company Name City, ST Start/End

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