**Your Name, Title**

Street Address City, State zip

**Phone Number ▪ Email address**

**Objective**

To obtain work as a Pharmaceutical Technician, where I can utilize my exceptional skills towards my career endeavor while contributing to a cohesive team

**Pharmacy Technician Skills**

|  |  |  |
| --- | --- | --- |
| * HIPAA Certification * Prescription Processing * Knowledge of Pharmacy Weights and Measurements * Pharmacy Law & Ethics * Controlled Substance Regulations * IV Admixtures Experience | * Unit dose procedures * Pharmacy Calculations * Daily Pharmacy Operational Procedures * Practice Aseptic Technique * Prescription and Physicians Order Interpretation | * Pharmacology * Pharmacy Inventory Knowledge * Daily Pharmacy Operational Procedures * Extemporaneous Compounding * Data Entry |

**Formal Education**

Milan Institute Sparks, NVGraduated mm/yyyy

**Pharmacy Technician Program**

* GPA
* Registered with Nevada State Board of Pharmacy
* Certified through PTCB

Name of High School City, STGraduated yyyy

* Diploma/GED

**Employment History**

**Pharmacy Technician Extern**

Company Name City, ST Start/End

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Position Title**

Company Name City, ST Start/End

* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties
* Responsibilities and Duties

**Position Title**

Company Name City, ST Start/End

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