**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
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**Position Title**

Company Name City, ST Start/End

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