**Your Name, Title**

Phone Street Address City, ST Zip

**objective**

To strengthen my existing skills as a Pharmacy Technician and promote teamwork while growing with Company Name

**Professional Abilities and Attributes**

|  |  |  |
| --- | --- | --- |
| * Management Experience
* Customer Service
* Knowledge of Pharmacy Weights and Measurements
* Cash Register Operations
* IV Admixture Experience
* Unit Dose Procedures
 | * Data Entry
* Pharmacy Inventory
* Pharmacology
* Prescription Processing
* Controlled Substance Regulations
* Practice Aseptic Technique
 | * Daily Pharmacy Operational Procedures
* Pharmacy Law & Ethics
* Poison Control
* Extemporaneous Compounding
* Prescription & Order Interpretation
 |

**Education**

Milan Institute Reno, NV Graduated mm/yyyy

* + Pharmacy Technician
	+ GPA

Name of High School City/ST Graduated yyyy

**Work Experience**

**Company Name,** Position Title City/ST Start/End

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

**Company Name,** Position Title City/ST Start/ End

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

**Company Name,** Position Title City/ST Start/End

* Responsibilities and Duties
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* Responsibilities and Duties

**Licenses, Awards, Certifications**

* Registered with Nevada State Board of Pharmacy

 Pharmacy Technician

* Certified through PTCB
* HIPAA Certification
* CPR/First Aid