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

**Licenses, Awards, Certifications**

* Registered with Nevada State Board of Pharmacy

Pharmacy Technician

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