



**Academic and Professional Record
Pharmacy Technician Education and Training Programs**

Please type or print all information.

Date: _____

Name: _____

Place of Employment and Position/ Title: _____

Pharmacy or Pharmacy Technician School attended: _____

Year and Credential Received (e.g., certificate or degree): _____

State Credential Received if applicable: _____

Year when State license or registration was received: _____

State(s) in which licensed: _____

Year of national certification by Pharmacy Technician Certification Board: _____

ADVANCED STUDY College Location Years Attended Degree

College	Location	Years Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____

ADVANCED TRAINING Institution Location Years

Institution	Location	Years
_____	_____	_____
_____	_____	_____



MEMBERSHIP IN NATIONAL/STATE PROFESSIONAL ASSOCIATIONS

ASSOCIATION	DATE

EXPERIENCE as a PHARMACIST OR PHARMACY TECHNICIAN DURING THE PREVIOUS TEN YEARS

Hospital or Other Pharmacy	Location	Position & Title	Dates

CONTRIBUTIONS TO ADVANCEMENT OF PHARMACY TECHNICIAN PRACTICE

PUBLICATIONS

Title of Article	Name of Journal	Month & Year

CONTRIBUTIONS (*LOCAL, STATE, NATIONAL PRESENTATIONS; COMMUNITY INVOLVEMENT*)

Name of Presentation or Activity	Location	Month & Year

SUPPLEMENTAL DATA: Please use additional sheets if you want to submit other material pertinent to your record.