



**AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS  
ACCREDITATION COUNCIL FOR PHARMACY EDUCATION  
ACADEMIC AND PROFESSIONAL RECORD**

*For use with application for ASHP-ACPE Accreditation of Pharmacy Technician Education and Training Programs. Duplicate as needed.*

**Please type or print all information.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Pharmacy                      or                      Pharmacy                      Technician                      School                      Attended:  
\_\_\_\_\_

Credential    Received    (e.g.,    certificate    or    degree): \_\_\_\_\_    Year    Graduated:  
\_\_\_\_\_

Year            when            State            license            or            registration            was            first            granted:  
\_\_\_\_\_

State(s)                      in                      which                      licensed                      or                      registered:  
\_\_\_\_\_

Year of national certification by Pharmacy Technician Certification Board: \_\_\_\_\_

**ADVANCED STUDY**

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

**ADVANCED TRAINING**

Institution	Location	Years
_____	_____	_____
_____	_____	_____

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**MEMBERSHIP IN PROFESSIONAL SOCIETIES**

National Pharmacy Organization/Pharmacy Technician \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s) of Organization \_\_\_\_\_ Yes \_\_\_\_\_ No

Name:

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**EXPERIENCE IN PHARMACY OR PHARMACY TECHNICIAN PRACTICE DURING THE PREVIOUS TEN YEARS**

Pharmacy	Location	Position & Title	Dates

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**CONTRIBUTIONS TO ADVANCEMENT OF PHARMACY TECHNICIAN PRACTICE (EXAMPLES: PUBLICATIONS; LOCAL, STATE, NATIONAL PRESENTATIONS; COMMUNITY INVOLVEMENT)**

Contribution	Dates

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**SUPPLEMENTAL DATA**

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