**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.