



**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
_____	_____	_____
_____	_____	_____

MEMBERSHIP IN PROFESSIONAL SOCIETIES

National Pharmacy Organization/Pharmacy Technician _____ Yes _____ No

Name(s) of Organization _____ Yes _____ No

Name:

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

Pharmacy	Location	Position & Title	Dates

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

Contribution	Dates

SUPPLEMENTAL DATA

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