



Pharmacy Technician Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Evaluation and Certification of Experience

Name of Technician In-Training		Pharmacy Assistant Registration Number	
Street Address			
City		State	Zip code
Name of Supervising Pharmacist		Pharmacist License Number	Preceptor License Number
Name of Pharmacy		Pharmacy License Number	
Street Address of Pharmacy		Technician Training Program Credential Number	
City		State	Zip Code

Evaluation of Technician Practice Experience

(Include additional pages if necessary)

Please provide your assessment of the above named technician in trainings performance specific to the areas of practical training included, but not limited to:

1. Legal aspects of pharmacy practice such as law and rules governing practice.
2. Hygiene/aseptic techniques and safety considerations.
3. Terminology, abbreviations and symbols.
4. Components of a prescription and patient medication record.
5. Drug dosage forms, routes of administration and drug product packaging, weighing and measuring, packaging and labeling, drug nomenclature, drug standards and information sources.
6. Pharmaceutical calculations.
7. Identification of drugs by trade and generic names, and therapeutic classifications.
8. Ordering, restocking, and maintaining drug inventory.
9. Computer applications in the pharmacy.
10. Communication techniques and confidentiality of information

Signature of Pharmacist	Date
-------------------------	------

Record of Training Hours

From (Sunday)	To (Saturday)	Hours	From (Sunday)	To (Saturday)	Hours
			Total Hours		

Note: Hours will not be accepted after the signature date.

Pharmacist Certification of Experience

I, _____ certify that I am a pharmacist licensed in the State of _____ and the above named person practiced as a _____ pharmacy technician (in-training) under my supervision at _____ pharmacy. I certify that the hours recorded are correct, and to the best of my knowledge, the experience gained by said person has been related to the key practice competencies list on page one of this form.

Date Signed	Pharmacist's Signature	License Number
-------------	------------------------	----------------