



## Pharmacist/Pharmacy Technician Self Assessment

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

Registered Pharmacist

Pharmacy Technician

Please complete the following checklist relative to your professional experience. Be assured this checklist will be used in assessing your clinical proficiency in certain areas.

**Level of Experience:**

A - No Experience

D - Two Years of Consistent Experience

B - Intermittent Experience

E - Able to Teach and Supervise

C - One Year of Consistent Experience

TYPES OF SETTINGS	A	B	C	D	E
<b>Acute Hospitals:</b>					
Inpatient					
Outpatient					
Trauma/Emergency Room					
Critical Care					
Acute Rehabilitation					
Subacute Facility					
Skilled Nursing Facility					
Long Term Care Facility					
Home Health					
Retail					
Medical Practices					
Other:					
PRACTICE SETTINGS					
Pediatrics					
Psychiatric					
Endocrinology					
Diabetes					
Nuclear Medicine					
Pharmaco Therapy					
Oncology					
Nutritional Support					
Other:					

<b>COMPUTER SYSTEMS (list each system):</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1					
2					
3					
4					

**ADDITIONAL INFORMATION**

Please list any other areas in which you feel you have extensive experience not included in the skills survey:

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**LICENSES HELD**

State:	Number:	Expiration Date:	State:	Number:	Expiration Date:

**CERTIFICATIONS**

Certification:	Number:	Date Certified:	Expiration Date:

The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize CareerStaff Unlimited to release this Skills Checklist to client institutions in relation to my assignment with that institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - please print

# Pharmacy Software Skill Check List

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

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

Please complete the following checklist relative to your professional experience. Be assured this checklist will be used in assessing your clinical proficiency in certain areas.

**Level of Experience:**

A - No Experience

B - Intermittent Experience

C - One Year of Consistent Experience

D - Two Years of Consistent Experience

E – Able to Teach and Supervise

No	SOFTWARE	A	B	C	D	E
1	ARX					
2	Cerner					
3	Cerner Millennium					
4	CIPS 8.0 / 9.0					
5	Condor					
6	Connexus					
7	Coram dose based system					
8	FSI (Foundation System Inc)					
9	Group Health software					
10	HBOC					
11	HBS (Health Business Systems)					
12	Innovation					
13	McKesson / McKesson Pharmaserve					
14	Megasource					
15	Meditech					
16	NDC					
17	NRx					
18	PCSI (Pharmacy Computer System Inc.)					
19	PDX					
20	Prodigy Software					
21	PSI					
22	QS1					
23	QS1 (GUI version)					
24	QS1's Rx Care Plus					
25	Renlar					
26	RPMS (Resource & Patient Mgmt System)					
27	RX 2000					
28	ZADALL					

If you are familiar with any other system not listed above, please write down the name of the system that you have used before and the experience level.

No	SOFTWARE	A	B	C	D	E
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

This information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize CareerStaff RX to release this checklist to client institutions in relation to my assignment with that institution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Please print