



Pharmacy Skills Checklist

Please indicate your assessment of your clinical experience in each of the areas listed below.
 4 = Very Experienced 3 = Experienced 2 = Limited Experience 1 = No Experience

Pharmacy Skills	Experience				General Skills	Experience			
IV	4	3	2	1	Medication Allergies	4	3	2	1
I V Mixtures-Calculation of Dosages	4	3	2	1	Food/Medication Interactions	4	3	2	1
Chemotherapy	4	3	2	1	Med/Med Interactions	4	3	2	1
Wound Care	4	3	2	1	Dosage Calculations	4	3	2	1
Compounding	4	3	2	1	Monitoring of High Risk Meds	4	3	2	1
Narcotic Dispensing Protocols	4	3	2	1	Pharmaceutical Equivalence	4	3	2	1
Skin care	4	3	2	1	Therapeutic Equivalence	4	3	2	1
Ulcer care	4	3	2	1	Inventory and Stocking	4	3	2	1
					Medication Safety Initiatives	4	3	2	1
Medication Administration	Experience				Medication recalls	4	3	2	1
Preparation of Medications	4	3	2	1	Medication Exchange Systems	4	3	2	1
Narcotic Accountability	4	3	2	1					
After Hours Med systems	4	3	2	1	Documentation	Experience			
Unit Dose systems	4	3	2	1	Patient Profiles	4	3	2	1
Control of Sample Medications	4	3	2	1	Appropriate Labeling	4	3	2	1
Epidural/PCA Management	4	3	2	1	Federal & State Requirement	4	3	2	1
Radiographic Contrast Media	4	3	2	1	Drug Utilization Review	4	3	2	1
Blood Derivatives	4	3	2	1					
					Environment	Experience			
Disease Management	Experience				Home Infusion	4	3	2	1
Asthma	4	3	2	1	Long Term Care	4	3	2	1
Diabetes	4	3	2	1	Hospital	4	3	2	1
Anticoagulation	4	3	2	1	Retail	4	3	2	1
Other:	4	3	2	1	Mail Order	4	3	2	1
Software	Experience				Add any notes or comments:				
PDX	4	3	2	1					
Renair	4	3	2	1					
NDC	4	3	2	1					
QSI	4	3	2	1					
Other:	4	3	2	1					

The information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____ Print Name _____