



**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
HUMAN RESOURCES DIVISION  
QUALIFICATIONS ASSESSMENT FOR:**

**PHARMACY TECHNICIAN**

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for PHARMACY TECHNICIAN, with the California Department of Veterans Affairs (CalVet). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by California Department of Veterans Affairs (CalVet) to fill existing vacancies at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles and Yountville**. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may result in disqualification or a lower score from this examination.**

**THIS AFFIRMATION MUST BE COMPLETED.**

**Government Code Section 18935:**

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

YOUR COMPLETED **STANDARD STATE APPLICATION (STD. FORM 678)** AND COMPLETED **QUALIFICATIONS ASSESSMENT** MUST INCLUDE YOUR ORIGINAL SIGNATURE. BOTH DOCUMENTS WILL BE ACCEPTED ON A CONTINUOUS TESTING BASIS. THEY MAY BE MAILED OR FILED IN PERSON TO THE FOLLOWING LOCATION:

California Department of Veterans Affairs  
1227 O Street, Room 404  
Sacramento, CA 95814  
**Attn: PHARMACY TECHNICIAN Exam**

**NOTE:**

- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. FORM 678 may be downloaded from the California Department of Human Resources website at <http://jobs.ca.gov/Profile/StateApplication>.

## **GENERAL INSTRUCTIONS**

### **Read and follow instructions carefully.**

This process is the entire examination for the PHARMACY TECHNICIAN classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination.**

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on separate eligible list for the classification listed above.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for Pharmacy Technician. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Minimum Qualifications (page 4)
- Job Requirements (page 5)
- Work Experience – Pharmacy Technician (pages 6-10)
- Knowledge Assessment – Pharmacy Technician (page 11)

### **YOUR RESPONSES ARE SUBJECT TO VERIFICATION**

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

**PRIOR STATE EMPLOYMENT INFORMATION**

Complete this next section ONLY if you have been previously dismissed from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. IF THIS DOES NOT APPLY TO YOU, please skip this question.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**CONDITIONS OF EMPLOYMENT**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

**LOCATION(S) YOU ARE WILLING TO WORK**

Please choose the location(s) you are willing to work. You may choose more than one location; however, if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are far from your residence.

- |  |   |
|--|---|
| <input type="checkbox"/> (3601) Barstow          | <input type="checkbox"/> (3702) Chula Vista |
| <input type="checkbox"/> (1005) Fresno           | <input type="checkbox"/> (1938) Lancaster   |
| <input type="checkbox"/> (4504) Redding          | <input type="checkbox"/> (5609) Ventura     |
| <input type="checkbox"/> (1975) West Los Angeles | <input type="checkbox"/> (2804) Yountville  |

**TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT**

Please choose the type(s) of appointment you are willing to accept. Choose either Permanent and/or Limited Term tenure. Then choose a time-base of Full-Time, Part-Time and/or Intermittent. Check "Any of the above" if you are willing to accept any type of employment.

- (Tenure)       Permanent       Limited-Term
- (Time-Base)     Full-Time       Part-Time       Intermittent
- Any of the above

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

**MINIMUM QUALIFICATIONS**

Possession of a valid certificate of registration as a Pharmacy Technician issued by the State Board of Pharmacy set forth in Section 4115 and 4202 of the Business and Professions Code.

(Registration requirements shall not apply during the first year of employment for a person employed or utilized as a Pharmacy Technician to assist in the filling of prescriptions for a person receiving treatment in a facility operated by the State Department of Veterans Affairs.) **AND**

**Either I:** One year of clerical work experience in a pharmacy relieving a pharmacist of clerical or subprofessional duties. Primary duties must have included stocking shelves with pharmaceutical supplies or typing pharmaceutical labels. [Experience in the California state service applied toward this requirement must be in a class at a level of responsibility not less than that of Office Assistance (General), Range B.]

(Academic education above the 12<sup>th</sup> grade may be substituted for the experience on the basis of one year of education of a science or mathematical nature being equivalent to six months experience. Students who are enrolled in the last semester of its equivalent of course work which upon completion will fulfill these requirements will be admitted to the examination, but they must submit evidence of completion before they can be considered for appointment.)

**Or II:** Completion of an academic curriculum and formal on-the-job training program for Pharmacy Technician.

**Special Personal Requirements:** Willingness to recheck one's own work and work within exacting and meticulous guidelines; personal hygiene that is consistent with a medical setting; and normal color vision adequate to successfully perform the job as measured by the Ishihara Pseudo-Chromatic Plate Test or for persons failing the Ishihara, the Farnsworth D-15 Arrangement Test.

1. Do you possess a valid certificate of registration as a Pharmacy Technician issued by the State Board of Pharmacy set forth in Section 4115 and 4202 of the Business and Professions Code?  Certificate # : _____ Issue Date: _____ Expiration Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by checking the appropriate box. **If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

1. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to undergo annual health review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to undergo annual TB testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I  
 WORK EXPERIENCE – PHARMACY TECHNICIAN**

**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Years of Experience” **AND** one box for each item under “Frequency”.)

<p><b>LEVEL OF EXPERIENCE:</b> Check the appropriate box that best describes your level of experience for each item. <b>There should be 1 check mark for each item.</b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b>There should be 1 check mark for each item.</b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Years of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>	LEVEL OF EXPERIENCE					FREQUENCY				
	Not performed	Performed during training only	Performed after licensure for less than 1 year	Performed after licensure for at least 1 year but less than 3 years	Performed after licensure for 3 years or more		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
1. Maintain records of scheduled drugs and narcotics (e.g., perpetual inventories, required biannual narcotic inventory, etc.) in order to comply with State and Federal laws, rules, and regulations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Enter prescription and patient data into the database (i.e., Pharmacy Prescription Tracking System [PPTS]) in order to create or update patient profiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Refill prescription orders in order to provide patient medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accurately interpret and apply laws, rules, regulations, departmental policies and procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepare and reconstitute sterile intravenous solutions in order to provide the nurse or physician the prescribed doses for patient administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Type medication labels and attach to physician orders for the Pharmacist to review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appropriately handle stressful situations in the work place, in a professional and tactful manner, with a goal of avoiding further escalation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Interpret patient prescriptions as directed by the physician in order to clarify directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remove medications from storage (e.g., refrigerators, shelves, cabinets, etc.) in order to fill prescriptions/physicians orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I  
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10. Fill prescriptions for the Pharmacist to verify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Check the incoming and existing inventory of drugs and supplies in order to ensure incoming drugs are correct, free from breakage and spoilage, replenish stock, special orders, acquire newly prescribed drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. File prescription orders in order to retrieve prescription information and answer various questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Perform routine mathematical computations in order to accurately compound, dispense, calculate doses, procure, return medications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintain a work environment free of discrimination and harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assist the Pharmacist in compounding (e.g., calculating, mixing, labeling, grinding, etc.) oral or topical preparations in order to dispense special orders, IV compounding with topical compounding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Communicate and understand general written and verbal instructions to complete assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Conduct quality assurance for sterile intravenous solutions in order to assure patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I**  
**WORK EXPERIENCE – PHARMACY TECHNICIAN**

**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Years of Experience” **AND** one box for each item under “Frequency”.)

	LEVEL OF EXPERIENCE					FREQUENCY			
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18. Operate packaging equipment/machinery in order to prepare unit dose and/or bulk prepackaged medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Assist Pharmacist in the distribution of prescription medications including injectable medication for in-patients and out-patients in order to make available to nurses and physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Maintain equipment for proper functioning and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Answer telephones in order to accept and/or provide a variety of information (e.g., medication on hand, etc.) to health care providers (e.g., physicians, nurses, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Responsible for the waste management (e.g., needles, intravenous solutions, chemo waste, etc.), hot trash (e.g., glass bottles, metal containers, droppers, etc.), and confidential material (e.g., disposing of labels, etc.) for the safety and security of the institution and patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Act on drug recall notices by reviewing and removing stock, and reviewing purchase orders and patient history, if necessary, in order to prevent patient injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Collect and deliver medications, supplies, physician orders to various facility units (e.g., nursing, clinics, etc.) in order to provide the patient with timely medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I**  
**WORK EXPERIENCE – PHARMACY TECHNICIAN**

**INSTRUCTIONS:** To respond appropriately to Items 1 - 33, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Years of Experience” **AND** one box for each item under “Frequency”.)

	LEVEL OF EXPERIENCE					FREQUENCY			
	Not performed	Performed during training only	Performed after licensure for less than 1 year	Performed after licensure for at least 1 year but less than 3 years	Performed after licensure for 3 years or more	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p><b>LEVEL OF EXPERIENCE:</b> Check the appropriate box that best describes your level of experience for each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Years of Experience” and <b>ONE</b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>									
25. Maintain records of various pharmacy operations (e.g., packaging, inventory, purchasing, supplies, workload, etc.) in order to retrieve and provide various information to management and other departments on a need to know basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Carry and segregate pharmaceutical supplies consistent with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Maintain drug and supply inventory and inventory records assuring consistency with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Order drugs and supplies in order to maintain adequate inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Maintain pharmacy work area (e.g., trash, shelves, counters, etc.) to ensure cleanliness and orderliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Label and store pharmaceutical supplies consistent with proper storage, quantity, expiration dates, cost management, stock rotation, drug returns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Review pharmacy stock for expired drugs in order to remove and return overstock inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p><b>LEVEL OF EXPERIENCE:</b> Check the appropriate box that best describes your level of experience for each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>NOTE:</b> There should be a total of <b><u>TWO</u></b> check marks for each item. <b><u>ONE</u></b> check mark for “Years of Experience” and <b><u>ONE</u></b> check mark for “Frequency.”</p> <p><b>ITEMS:</b></p>	LEVEL OF EXPERIENCE					FREQUENCY				
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32. Maintain records of various pharmacy operations (e.g., receiving, dispensed drugs, packaging, inventory, purchasing, supplies, workload, etc.) in order to retrieve and provide various information to management and other departments on a need to know basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Inspect the pharmacy periodically for health and safety concerns (e.g., proper storage, electrical cords, etc.) in order to ensure a safe work environment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION II  
 KNOWLEDGE ASSESSMENT – PHARMACY TECHNICIAN**

<p><b>For items 1 - 15, rate your level of knowledge by checking the appropriate box that best describes your level of knowledge for each item.</b></p> <p><b>Definition of Levels:</b></p> <p><b>Extensive Knowledge:</b> I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.</p> <p><b>Moderate Knowledge:</b> I possess a sufficient knowledge level that has allowed me to perform tasks related to this knowledge successfully and I have applied it to a resident.</p> <p><b>Basic Knowledge:</b> I possess some knowledge but may require additional instruction to apply this knowledge effectively.</p> <p><b>No Knowledge:</b> I possess no knowledge and I have not applied it to a resident.</p> <p><b>ITEMS:</b></p>	LEVEL OF KNOWLEDGE			
	Extensive Knowledge	Moderate Knowledge	Basic Knowledge	No Knowledge
1. Written prescriptions and pharmaceutical terminology (e.g., medication names, dosages, and forms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Weights, measures and mathematical computations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Typing on a computer keyboard/typewriter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sterile techniques and related quality assurance activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compounding prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Work related patient and staff confidentiality and sensitive issues not to jeopardize privacy and security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pharmacy procedures to pick, pull, fill, and refill prescriptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Policies, procedures, laws, rules, regulations, etc. that governs the pharmacy practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Clerical techniques (e.g., record keeping, filing, telephone etiquette and usage, shredding, transmitting, and copying, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Standard pharmacy policies and procedures relating to the record keeping, receipt, checking, storage and delivery of medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Drug recall procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pharmacy distribution programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Purpose, mission, and goals of the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Computer usage (e.g., software programs, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Housekeeping/cleaning policies and procedures for a clean, safe and secure environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR  
 PHARMACY TECHNICIAN.**

Please refer to page one for mailing instructions.