

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **INSTITUTIONAL** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Institutional PRCT 554 Technician Training Activity

Directions: Interview at least one pharmacy technician at your site. Answer the following questions related to technician training.

How long has the technician been employed at the site? (Question 1 of 6 - Mandatory)

To whom does the technician directly report? (Question 2 of 6 - Mandatory)

How did the technician receive initial training? (Question 3 of 6 - Mandatory)

What are the mandatory and voluntary certification requirements for pharmacy technicians at your rotation site? (Question 4 of 6 - Mandatory)

What national certification and recertification programs are available for pharmacy technicians? Which one is endorsed by ASHP? (Question 5 of 6 - Mandatory)

Who handles disputes between pharmacy technicians and pharmacists at your rotation site? (Question 6 of 6 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.