

CONTACT INFORMATION

Name: _____ Telephone: _____
Address: _____ Mobile: _____
City: _____ Fax: _____
State/Prov: _____ Email: _____
Zip/Postal: _____ Citizenship: _____
Are you legally eligible to work in US/Canada without sponsorship?
If "No", please explain

WORK EXPERIENCE (Number of years)

Position(s) Applying For: MT _____ QA Editing _____ SRE _____

Medical Transcription: Years ____
Acute Care _____
Clinic _____

Medical Editing: Years ____
Acute Care _____
Clinic _____

Speech Recognition: Years ____
Speech Rec Platform: _____

SPECIALTIES AND WORK TYPES (Number of years for all that apply)

Clinic Notes	_____	Histories	_____
Emergency Room	_____	Cardiology	_____
Gastroenterology	_____	Hem/Oncology	_____
Infectious Disease	_____	Otolaryngology	_____
Neurosurgery	_____	Physical Therapy	_____
Podiatry	_____	Op Notes	_____
Consultations	_____	Laboratory	_____
Dermatology	_____	Pathology	_____
Pediatrics	_____	Endocrinology	_____
Ophthalmology	_____	General Surgery	_____
Rehabilitation	_____	Dentistry	_____
Radiology	_____	Discharges	_____
Trauma	_____	Orthopedics	_____
OB/Gynecology	_____	Psychiatry	_____
Rheumatology	_____	Neurology	_____
Vascular Surgery	_____	Pain Clinic	_____
Plastic Surgery	_____	Other	_____

SPECIALITY PREFERENCE: _____
SHIFT PREFERENCE: _____
START DATE AVAILABLE: _____

TECHNICAL EXPERIENCE (*Number of years*)

Dictaphone	_____	ExText	_____
Lanier	_____	FTP	_____
Chart Script	_____	MModal	_____

COMPUTER EQUIPMENT

Windows XP Pro	_____	Cable Internet	_____
Windows XP Home	_____	Satellite Internet	_____
Windows 2000/2003	_____	DSL Internet	_____
Windows Vista	_____		
Microsoft Word Version	_____		

AVAILABILITY (*check days/hours available*)

Monday	_____	Tuesday	_____
Wednesday	_____	Thursday	_____
Friday	_____	Saturday	_____
Sunday	_____	Only M – F	_____
Only Saturday	_____	Only Sunday	_____

7:00 a.m. EST to 3:00 EST _____
3:00 p.m. EST to 11:00 EST _____
11:00 p.m. EST to 7:00 a.m. EST _____

Prefer Flex Shift _____ Hours: _____
Full Time _____
Part Time _____