

Education

High School: _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Professional Licenses/Registrations/ Certifications

Do you have a current license, registration, or certification? Yes No

If yes, please indicate the following:

Type _____ Number _____ Exp. date _____ State(s) issued _____

Are there any current restrictions on your license, registration, or certification? Yes No

If yes, please explain: _____

Have you ever had any disciplinary action taken against your license, registration, or certification? Yes No

If yes, please explain: _____

Have you ever been named a defendant in a malpractice claim? Yes No

If yes, please explain: _____

Special Training or Skills

Please list any skills, experience or qualifications which you feel would especially benefit you in a healthcare organization (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs): _____

Do you speak, read or write in any language other than English? Yes No

If yes, please describe: _____

Professional Organizations

Please list job-related organizations, clubs, professional societies or other associations to which you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office held