



### Northwest Acute Care Specialists - Scribe Application

Please indicate if you are applying for part-time and/or full-time employment

\_\_\_\_\_ Part Time: commit to maximum 12 shifts/month for at least 2 years

\_\_\_\_\_ Full Time: commit to maximum 20 shifts/month for at least 1 year

1. Name: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_

3. Date: \_\_\_\_\_ 4. Referred by: \_\_\_\_\_

5. Local Address: (street, city, state, zip) \_\_\_\_\_ 6. Permanent Address: (street, city, state, zip) \_\_\_\_\_

7. Phone number(s): \_\_\_\_\_ 8. E-mail address: \_\_\_\_\_

9. University Attending: \_\_\_\_\_ 10. Expected graduation date: \_\_\_\_\_

11. Applying for med school or PA school in class entering year: 20\_\_ \_\_

12. Have you ever been convicted of a felony? \_\_\_\_\_

13. Are you legally entitled to work in the U.S.? \_\_\_\_\_

14. How many years can you commit to work with us? \_\_\_\_\_

15. Are you at least 18 years old? \_\_\_\_\_

16. Have you applied with us in the past? \_\_\_\_\_ 17. Emergency contact: \_\_\_\_\_

#### Employment History

#### Supervisor's Name and Reason for Leaving

from: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

#### Name of schools attended

#### List years attended and degree received, if any

High school: \_\_\_\_\_ GPA: \_\_\_\_\_

Prev. College: \_\_\_\_\_ GPA: \_\_\_\_\_

Curr. College: \_\_\_\_\_ GPA: \_\_\_\_\_

#### References: Name and phone number

#### Relationship and number of years known

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_





NORTHWEST ACUTE CARE SPECIALISTS, PC

6. Describe what you would do in the following situation. You are in school full time and you are taking 15 hours/semester. You have class every day of the week and your classes are all difficult science classes. You are scheduled for a shift on the weekend, and one during the week. You are studying for an upcoming exam, and also a class that has pop quizzes. One of your co-workers calls to ask if you can help them with a shift that they need to either get rid of or trade away. The shift is 6 days away, but is the evening (3p-12am) before your exam. You are scheduled for two shifts that week already.

What would you do? There is no right or wrong answer.

7. Why have you decided to apply for this position?

8. Do you have another job in mind if you don't get this one?

9. Why are you the **best** candidate for this position?



NORTHWEST ACUTE CARE SPECIALISTS, PC

Physician Record Assistant (Scribe)
Application for Preceptee

Please Print:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
\_\_\_\_\_ Telephone #: \_\_\_\_\_
Position / Training Desired: \_\_\_\_\_ Dates Desired: \_\_\_\_\_

I hereby release from any liability any and all individuals and organizations who provide information to Northwest Acute Care Physicians and any of its hospital affiliates regarding certification of my present position.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

I hereby acknowledge that the above individual will be under my direction. (Signed by Emergency Physician)

Date: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Certification of Applicant's Current Position (to be filled out and signed by a school representative where you are currently enrolled or have recently graduated)

This will certify that \_\_\_\_\_ is a currently enrolled as a \_\_\_\_\_ year
[ ] pre-med [ ] post-graduate [ ] graduate in good standing at:

University or college

Signature of Dean, Registrar or other representative of academic / medical education administration Date

To complete the application, please attach the following:

- 1. Copy of a recent transcript for every college you have attended (unofficial is acceptable)
2. Copy of your immunization records (including MMR, Tetanus, Hepatitis B, TB and Chicken Pox status)
3. Optional resume and/or letters of reference

Return the application, transcript(s), immunization records and other materials to:

Northwest Acute Care Specialists
825 NE Multnoah St.
Ste #1155
Portland, OR 97232

If you have any questions, please email legacyheadscribe@gmail.com.

Thank you for taking the time to complete this application.