

Date of application _____

Personal Information:

Name (First, M, Last) _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Are you over the age of 18 years (Y/N)? _____

Work Availability:

Available start date _____

Can you work a minimum of 2-3 shifts per week (a shift is typically 8-10 hours)? _____

How many hours per week are you available to work per week?

20 hrs/wk 20-30 hrs/week 30-40 hrs/wk Other _____

Please indicate your long term availability and interest to work with MedScribes:

Less than 1 year 1 - 1.5 years 1.5 - 2 years Other _____

What days of the week are you available? Next to each day please list hours of availability between 7am – midnight for each day you are available.

Day of Week	Available (Yes/No)	Hours of the day Available between 7am-midnight
e.g. Monday	Yes	7am – 12pm, 3pm - midnight
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Do you have a valid driver's license (Yes/No)? _____

Driver's License # _____ State _____

Do you have reliable transportation and are you able to drive to client sites within the Triangle Area if needed (Yes/No)? _____

If needed, are you able to travel from your home (circle all that apply):

15-20 Minutes 30-45 Minutes 45-60 Minutes 65+ Minutes

How many words per minute can you type? _____

How comfortable are you with medical terminology (Circle your comfort level)?

- I am not familiar with medical terminology
- I have basic familiarity with medical terminology
- I am proficient with medical terminology

Are you comfortable standing for long periods of time during a shift (Yes/No)? _____

Prior Scribe Experience:

How long have you been a scribe:

Less than 6 months Less than 1 year One year Greater than one year

What setting have you scribed in before (please circle all that apply):

General medicine clinic Emergency Department Inpatient Specialty clinic

If you have scribed in more than one setting, how much time have you spent in each setting:

Location: _____ Length of time: _____

Location: _____ Length of time: _____

Location: _____ Length of time: _____

Chief Scribe Application

What electronic medical record systems do you have experience with? Please list below:

Have you had experience training a new scribe (Y/N)_____

If you have participated in training a new scribe before, please describe your role in training:

Have you had any experience with developing a schedule (Y/N)? _____ If yes, please describe:

Have you had prior experience leading others (Y/N)? _____ If yes, please describe:

Employment History (Most recent first please):

Employer _____ Job Title _____

Address _____

Phone _____ Supervisor _____

Start Date _____ End Date _____ Salary _____

Reason for Leaving _____

May we contact your prior supervisor for a reference (Yes/No)? _____

Employer _____ Job Title _____

Address _____

Phone _____ Supervisor _____

Start Date _____ End Date _____ Salary _____

Reason for Leaving _____

May we contact your prior supervisor for a reference (Yes/No)? _____

Employer _____ Job Title _____

Address _____

Phone _____ Supervisor _____

Start Date _____ End Date _____ Salary _____

Reason for Leaving _____

May we contact your prior supervisor for a reference (Yes/No)? _____

Education:

University _____ State _____

Years Attended _____ Degree _____

University _____ State _____

Years Attended _____ Degree _____

High School Name _____ State _____

Years attended _____ Degree _____

Legal:

Have you ever been convicted or plead guilty to a felony (Yes/No)? _____

If yes, please provide a brief explanation below:

Are you agreeable to the following, if needed:

Typing and terminology assessment (Yes/No)? _____

Classroom training over a 4-week period (Yes/No)? _____

Comply with client specific orientation and training (Yes/No)? _____

Provide proof of eligibility to work legally in the United States (Yes/No)? _____

Would you be willing to participate in a drug test (Yes/No)? _____

Complete required immunizations (Yes/No)? _____

Authorize a background check (Yes/No)? _____

Complete HIPAA compliance training (Yes/No)? _____

Please include the following documents with your application submission:

1. An updated resume
2. A writing sample of a meaningful experience in a clinical setting (one page)
3. College transcript – prefer at least one course in anatomy or clinical biology
4. Two letters of recommendation

Please sign below, to attest that the information shared in your application is complete and accurate to the best of your knowledge.

Applicant Signature

Date

Thank you for your interest in MedScribes. A member of our team will follow up with you regarding your application soon. In the meantime, if you have any questions regarding your application, please email hetal@medscribes.co.