

# EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL ADDRESS	CHECK LAST YEAR ATTENDED IN SCHOOL	DEGREE, CERTIFICATE OR AREA OF STUDY	LIST PROFESSIONAL LICENSES/CERTIFICATIONS WHICH ARE REQUIRED FOR THE POSITION YOU ARE APPLYING FOR	
				TYPE	REGIS. #
HIGH SCHOOL		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			EXP. DATE
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
POST GRAD		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
SCHOOL OF NURSING		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
BUSINESS OR TRADE		From (Year) _____ To (Year) _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
OTHER		From (Year) _____ To (Year) _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

ARE YOU LICENSED TO PRACTICE IN ARIZONA?  YES  NO

Skills (if applicable):

Typing \_\_\_\_\_ wpm

Operate Dictating Equipment

Other Skills: \_\_\_\_\_

Medical Terminology

Shorthand \_\_\_\_\_ wpm

CRT  10-key

Word Processing

List Software: \_\_\_\_\_

**Additional Information:** List professional, trade, business or civic associations and any office held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any similarly protected status.

Name of Organization	Offices Held
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