

Employee Skills Information

Name: _____ SSN: _____

Street Address: _____ City: _____ Zip: _____

Please Check any skills the apply to you and years of experience:

Training / Skills	YES	# Yrs		YES	# Yrs
Associate Degree: (List):			Bachelors Degree: (List):		
Medicare/Medicaid Billing			Masters Degree: (List):		
Insurance Billing			IV Certified		
PC Anywhere			Cardiac Nursing		
Computer Hardware Experience:			Post Cataract Care		
Computer Programing Experience			Catheter change/care		
MS Excel			Central Line		
MS Word			Chemotherapy Admin		
MS Presentation			CPR Instructor		
MS Access			ACLS Certified		
Access Report Writing			Venipuncture		
Outlook			Wound Care		
Email			Hospice/Terminally Ill		
Internet Searching etc			ICU/ER Experience		
QuickBooks			Diabetic Nursing		
Word Perfect			Rehab/Ortho Nursing		
Print Shop			Oncology Nursing		
Vivid Care			Pediatric Nursing		
Medical Records			Psychiatric Nursing		
ICD9 Coding			Chest PT		
Payroll Experience			PICC Line care		
Human Resources			Gerontology		
Lab Tech			Ostomy Care		
EKG Tech			Trach Care		
Certified Home Health Aide			Ventilator Care		
QMA			Hoyer Lift		
CNA			OB Nursing		
LPN			Bowel Training		
Staffing/Scheduling Coordination			Case Management		

Other Skills: _____