



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: 6. Permanent Address:

- 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: 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: 4 empty rows for employment history

Name of schools attended

List years attended and degree received, if any

- High school: GPA: 2 empty rows for school information

References: Name and phone number

Relationship and number of years known

- 3 empty rows for references

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:



Request for Specific Privileges

I, the undersigned, understand that I may only perform the following duties as a Physician's Record Assistant (PRA) at any of Legacy Healthcare Systems affiliated hospitals.

1. Accompany the ED Physician on patient examinations in order to transcribe a history (including pertinent positives and negatives) and examination as stated by the physician during the physician's interview of that patient.
2. Complete the medical chart by transcribing results of any lab, x-rays, or other examinations. Transcribe any consultations or discussions with family and/or patient's private physician. Transcribing a proper diagnosis on the medical record. Transcribing any discharge and follow up instructions, as well as transcribing any prescriptions that the ED physician may dictate.

Date: _____ Signature: _____ SS#: _____

Agreement Concerning Patient Confidentiality

I, the undersigned, understand and acknowledge that Oregon and federal law require that patient information, including, but not limited to, identity, diagnosis, treatment, prognosis, and financial information to be kept strictly confidential.

I understand that there are civil (monetary) and in some cases, criminal penalties which may be imposed upon a person who releases such information to anyone, including family and friends, without legal grounds for such release.

I further understand and acknowledge that if I release or disclose any confidential patient information in any unauthorized manner, that such act may be grounds for immediate termination of employment.

Date: _____ Signature: _____ SS#: _____

1. Briefly explain why you have chosen a career in medicine.

2. What areas of medicine are you interested in?

3. What healthcare related experience have you had? (Previous experience is NOT mandatory.)

4. Have you held a job while going to college in the past? If yes, how many hours a week did you work.

5. If you are involved in extra-curricular activities, detail the time commitment involved over the next school year.



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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:

Kathleen Myers, MD
Emergency Department
Legacy Salmon Creek
2211 NE 139th St.
Vancouver, WA 98686

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

Thank you for taking the time to complete this application.