



Electronic Charting System

Be Special... Make a Difference!

Contact Information

Toll: 800.863.3666
 QA@TheSpecialty.com
 Web: www.TheSpecialty.com

Name _____
 Last Middle First

The following checklist will be used to assess your skills and experience and to help your Nursing Supervisor place you in the proper assignment. Please use the guidelines below to provide us with a self-assessment of your skills.

- 1 – No Experience (has never done or observed)
- 2 – Less than 1 year of experience
- 3 – 1-3 years of experience
- 4 – 3 or more years of experience
- 5 – Able to Supervise, Precept and Teach

I hereby certify that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Specialty Professional Services, Corp. and to the facilities where I may be employed.

Signature _____

Date _____

Electronic Charting System					
Cerner	1	2	3	4	5
Eclipsys	1	2	3	4	5
Epic	1	2	3	4	5
GE	1	2	3	4	5
McKeesson	1	2	3	4	5
Meditech	1	2	3	4	5
Others- Specify Below					
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5