

Applicant's Name _____

Experience Level

1. Limited or No Experience
2. Experienced, But May Need Assistance
3. Can Work Independently
4. Has The Ability to Train/Instruct Others

Patient Populations

- | | | | | |
|---------------|---|---|---|---|
| 1. Geriatric | 1 | 2 | 3 | 4 |
| 2. Adult | 1 | 2 | 3 | 4 |
| 3. Adolescent | 1 | 2 | 3 | 4 |
| 4. Pediatric | 1 | 2 | 3 | 4 |
| 5. Infants | 1 | 2 | 3 | 4 |

General Practices

- | | | | | |
|---------------------------------------|---|---|---|---|
| 1. Rehabilitation | 1 | 2 | 3 | 4 |
| 2. Acute Care | 1 | 2 | 3 | 4 |
| 3. Outpatient | 1 | 2 | 3 | 4 |
| 4. Skilled Nursing | 1 | 2 | 3 | 4 |
| 5. Home Health | 1 | 2 | 3 | 4 |
| 6. School Systems | 1 | 2 | 3 | 4 |
| 7. Sports Medicine | 1 | 2 | 3 | 4 |
| 8. Industrial Rehab/Work
Hardening | 1 | 2 | 3 | 4 |

3 4

Diagnoses

- | | | | | |
|---------------------------|---|---|---|---|
| 1. Cerebral Vascular | 1 | 2 | 3 | 4 |
| 2. Orthopedic | 1 | 2 | 3 | 4 |
| 3. Neurologic | 1 | 2 | 3 | 4 |
| 4. Head Injury | 1 | 2 | 3 | 4 |
| 5. Spinal Cord Injury | 1 | 2 | 3 | 4 |
| 6. Burns | 1 | 2 | 3 | 4 |
| 7. Total Hip Replacement | 1 | 2 | 3 | 4 |
| 8. Total Knee Replacement | 1 | 2 | 3 | 4 |
| 9. Amputee | 1 | 2 | 3 | 4 |
| 10. Pulmonary Rehab | 1 | 2 | 3 | 4 |
| 11. Cardiac Rehab | 1 | 2 | 3 | 4 |
| 12. Pain Management | 1 | 2 | 3 | 4 |

Procedures

- | | | | | |
|-----------------------------|---|---|---|---|
| 1. Manual Therapy | 1 | 2 | 3 | 4 |
| 2. Massage Therapy | 1 | 2 | 3 | 4 |
| 3. Modalities | 1 | 2 | 3 | 4 |
| 4. TENS | 1 | 2 | 3 | 4 |
| 5. Exercise Equipment | 1 | 2 | 3 | 4 |
| 6. Family/Patient Education | 1 | 2 | 3 | 4 |
| 7. Traction | 1 | 2 | 3 | 4 |
| 8. Ultrasound | 1 | 2 | 3 | 4 |
| 9. Medicare Documentation | 1 | 2 | 3 | 4 |
| 10. Orthotics/Prosthetics | 1 | 2 | 3 | 4 |
| 11. Serial Casting | 1 | 2 | 3 | 4 |
| 12. Wound Care | 1 | 2 | 3 | 4 |
| 13. Work Capacity Testing | 1 | 2 | 3 | 4 |
| 14. Other _____ | 1 | 2 | 3 | 4 |

Certifications

- | | | | | |
|----------------|---|---|---|---|
| 1. CPR | | | 1 | 2 |
| 2. ATC | 1 | 2 | 3 | 4 |
| 3. NDT | 1 | 2 | 3 | 4 |
| 4. Other _____ | 1 | 2 | 3 | 4 |

13. Other _____ 1 2 3 4

Equipment Proficiency

Manufacturer/Model/Software

Years Experience

Tech Recruiter Signature

Date