(Medical Transcriptionist Pa	ge 1 of 2)	
NAME:		
SUPPLEMENT	TO THE APPLICANT FOR MEDIC	AL TRANSCRIPTIONIST
Indicate your typewriter prefe	erences:	□ Manual
	ch category, please check off those cont to the position for which you are ap	ourses which you completed and list any oplying.
SubjectEnglishArithmetic or MathTypingShorthand	High School	
Subject English Math Typing Shorthand Office Procedures General Office Procedure	and M and M Total Number of	ificate Received
University Subject	Credits Degree Receive	ed and Major
English Math Typing Shorthand	Total Number of	of Credits Completed
	training not covered above. List the sclontents of the training and the length of the length	
School or Program SAMPLE: MDTA	Courses Covered English, arithmetic, office practices, typing, telephone courtesy	Length of Training Total of 520 hours from 3/74 to 8/74

My typing speed is

SELF-CERTIFICATION STATEMENT

net words per minute:

Certain positions filled from the written examination may require applicants to possess the capability to perform a range of typing and/or stenographic tasks. To qualify for these positions, you must be able to: 1) type straight copy at 55 net words per minute; and/or 2) take shorthand at a rate of 80 words per minute and make accurate transcriptions. If you meet the requirements, complete this form and sign and date the self-certification statement below.

J JI 8	· I		Γ΄,	
I take dictar	tion at	the rate of	words per minute.	
I acquired t	he abo	ve skills through:		
		attendance at		
		school		
		employment with		
			employer	
		training		
		-	program	
Self-certification by applicant: I hereby certify that I have thoroughly read the requirements above and presently meet requirements. I understand that my typing proficiency may be evaluated by the appointing authority.				
Signature:			Date:	
Please print na	me:			