











**Kingdom of Saudi Arabia**  
Ministry of Defense  
Prince Sultan Armed Forces Hospital  
Madina Al Munawarah  
**Nursing Administration Department**



المملكة العربية السعودية  
وزارة الدفاع  
مستشفى الامير سلطان للقوات المسلحة  
بالمدينة المنورة  
إدارة التمريض

## OUT PATIENT DEPARTMENT SKILLS CHECKLIST

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

*This skills checklist is part of the application process. False representation of information **WILL** result in a review of the applicants contractual/employment status.*

**Number of Experience:** \_\_\_\_\_ **Months / Year (s)**

*I hereby certify that the information given above is true and accurate account of my proficiency.*

### **Comments :**

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**Print Name:** \_\_\_\_\_ **Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

