**CAI Contact**

*Nicole Walker*

*PHONE:*

*EMAIL:*

<**Candidate Name**>

**Skills**

Please use this table to list the skills noted in the Required/Desired section of the requirement. In addition, please respond with the years of experience for each skill and the last time each skill was used. Add or delete rows as necessary.

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| --- | --- | --- | --- | --- |
| Skill | Required/Desired | Years of Experience | Years Used | Last Used |
| EHR Revenue Cycle Billing, Hospital Billing, Professional Billing,and Claims Processing Experience | Required | 8 |  |  |
| Health IT Interoperability experience | Required | 5 |  |  |
| Experian Health /Change Healthcare /Relay Health | Required | 5 |  |  |
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Employment History