

PHYSICIAN JOB POSTING FORM

Please complete form and email to recruitment@sidfp.com or fax 250.658.3304. If you have any questions regarding job posting requests, please contact the South Island Division of Family Practice at 250.658.3303.

HIRING NEED			
Please select	<input type="checkbox"/> Locum	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

CLINIC INFORMATION					
Name of Clinic					
Clinic Location	<i>Street Address</i>				
	<i>City</i>				
	<i>Province</i>		<i>Postal Code</i>		
Practice Type	<input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Other				
No. of Physicians in Practice			No. of MOAs in Practice		
Clinic Hours	Monday:	<i>From</i>		<i>To</i>	
	Tuesday:	<i>From</i>		<i>To</i>	
	Wednesday:	<i>From</i>		<i>To</i>	
	Thursday:	<i>From</i>		<i>To</i>	
	Friday:	<i>From</i>		<i>To</i>	
	Saturday:	<i>From</i>		<i>To</i>	
Practice Type	<input type="checkbox"/> Solo Practice <input type="checkbox"/> Group Practice				
EMR					

POSITION INFORMATION				
Dates Required	<i>From</i>		<i>To</i>	
Hours	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either/Flexible			
Requirements	<i>Obstetrics</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>ER</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>Hospital</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>House Calls</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional

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