PHYSICIAN JOB POSTING FORM

Please complete form and email to <u>recruitment@sidfp.com</u> 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	Locum	Permanent	Temporary

CLINIC INFORMATION					
Name of Clinic					
Clinic Location	Street Address				
	City				
	Province			Postal Code	
Practice Type	Solo	Group		Othe	r
No. of Physicians in Practice			No. of MC Practice	OAs in	
Clinic Hours Practice Type	Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:	FromFromFromFromFromColor Practice		To To To To To To Group Pra	ictice
EMR					

POSITION INFORMATION						
Dates Required	From				То	
Hours	🗌 Full-ti	me Part-time			Either/Flexible	
Requirements	Obstetrics		Yes	<u> </u>	10	Optional
	ER		Yes	<u> </u>	10	Optional
	Hospital		Yes	<u> </u>	10	Optional
	House Cal	ls	Yes	<u> </u>	10	Optional

#203-4489 Viewmont Avenue, Victoria, BC V8Z 5K8 Phone-250-658-3303 Fax-250-658-3304 e-mail info@sidfp.com





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	Residential Care	Yes	No	Optional
	Palliative Care	Yes	No	Optional
	Surgical Assist	Yes	No	Optional
	On Call	Yes	No	Optional
	On Call Details			
No. patients per day	☐ <20 20 2	20-25 25-30	30-35	35-40 >40
Overhead Split				
Daily Minimum				
If Locum, indicate what payment is based on	Billings		MSP Payments	Received
Additional Information				

CONTACT INFORMATION (Note this information will be publicly available on internet postings, etc.)		
Contact Person		
Email		
Phone		
Cell		

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