

PHYSICIAN JOB POSTING FORM

The South Island Division of Family Practice makes no representations or guarantees about the positions and employers listed on our website. We are not responsible for safety, wages, working conditions, or any other aspect of employment.

These services are provided free of charge to South Island Division members and its partners. We expect that all physician opportunities and the offices they represent comply with the bylaws outlined by the College of Physicians and Surgeons of British Columbia. We reserve the right to remove any postings.

Please complete the form and email it 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>	
EMR						

QUALIFICATIONS AND EXPERIENCE REQUIRED	
Please select	<input type="checkbox"/> Licensure with the College <input type="checkbox"/> Eligible for Licensure with the College

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

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