

Locum Opportunity Posting

Physician Name:		Today's Date:
Dates of Locum Needed:	From:	To:
	Days:	Hours:
Duties:	In Office:	On Call: Y <input type="checkbox"/> N <input type="checkbox"/>
	Hours:	Hours:
	Hospital Coverage:	Y <input type="checkbox"/> N <input type="checkbox"/>
	OB/Maternity:	Y <input type="checkbox"/> N <input type="checkbox"/>
	Residential Care Coverage:	Y <input type="checkbox"/> N <input type="checkbox"/>
Record Keeping:	Paper: Y <input type="checkbox"/> N <input type="checkbox"/>	
	Electronic: Y <input type="checkbox"/> N <input type="checkbox"/>	System: Training available: Y <input type="checkbox"/> N <input type="checkbox"/>
Compensation:	Expected FFS volume:	Split:
Describe Practice:		
Describe Office: (partners, etc.)		
Other:		
Desired length of time for posting:	2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 6 wks <input type="checkbox"/> 8 wks <input type="checkbox"/>	