

MOA Temporary Coverage Availability Form

If you are an MOA available for temporary, short term, or casual coverage in a GP office, please complete this form and send to: victoria@divisionsbc.ca or fax to: 778-265-0298.

You can remove your name at any time by contacting victoria@divisionsbc.ca or by fax at: 778-265-0298

To help us with evaluating this pilot, please let us know how you heard about this form.

— please check ☒ all boxes that apply (click the box once if filling out online)

- | | | |
|---|--|--|
| <input type="checkbox"/> Newsflash | <input type="checkbox"/> MOA Corner - Division Website | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Colleague / Friend | <input type="checkbox"/> Facebook | (Specify) _____ |
| | | <input type="checkbox"/> Other _____ |

Please be aware that the information on this form will be provided to physicians and offices seeking MOA coverage.

Date of Form Submission: _____

Your Name: _____

☐ Phone: _____

☐ Email: _____

☒ Check preferred method of contact.

Hours Available — please check ☒ all boxes that apply (click the box once if filling out online)

- ☐ Full-Time
☐ Part-Time
☐ Shift

Days Available — please check ☒ all boxes that apply (click the box once if filling out online)

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

EMR Experience — please check ☒ all boxes that apply

- ☐ Intrahealth ☐ Med-Access ☐ Osler ☐ Oscar ☐ Wolf ☐ Other: _____

eFax Experience — please check ☒ all boxes that apply

- ☐ SRFAX ☐ Other: _____

AVAILABILITY DESCRIPTION: Please identify any preferred locations to work as well as solo, group practice, or Walk-In Clinic preferences. Please also identify any availability preferences (short or long term relief, dates available etc.):

Other requirements _____