

# Victoria Practice Coverage - Locum

## Job Posting Submission

Position Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

My dates can be flexible (e.g. two weeks in July/August) \_\_\_\_\_

### GP/PRACTICE INFORMATION

Solo Practice    Group Practice    Combination    Walk-in Clinic

Practice Name \_\_\_\_\_

GP Name(s) \_\_\_\_\_

Street Address (Suite/Number/Street) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel (office) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### POSTING STATUS — please check all boxes that apply

Permanent    Full-time    Part-time    Other (e.g. retirement/long-term associate/lengthy leave)  
 Walk-in Clinic    Shift Coverage    Locum    Will consider cross-coverage options

**POSTING DESCRIPTION — MANDATORY— describe** the practice/position in detail; include patient demographics, practice type and any special considerations.

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Average daily patient volume \_\_\_\_\_ EMR?    No    Yes → EMR Name \_\_\_\_\_

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**POSTING REQUIREMENTS** — please check  all boxes that apply

On-call obligations	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Telephone on-call	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Hospital inpatients	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	Obstetrics	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Nursing home/extended	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	House calls	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
Surgical assists	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ER work	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
ACLS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional	ATIS	<input type="checkbox"/> n/a	<input type="checkbox"/> Required	<input type="checkbox"/> Optional

Other \_\_\_\_\_

**SCHEDULE** — (day & times, if applicable)

Mo \_\_\_\_\_ to \_\_\_\_\_   
  Tu \_\_\_\_\_ to \_\_\_\_\_   
  We \_\_\_\_\_ to \_\_\_\_\_   
  Th \_\_\_\_\_ to \_\_\_\_\_  
 Fr \_\_\_\_\_ to \_\_\_\_\_   
  Sa \_\_\_\_\_ to \_\_\_\_\_   
  Su \_\_\_\_\_ to \_\_\_\_\_   
 Work hours are flexible

Describe your work environment (e.g. how many clinic rooms, MOA, RNs, etc.) \_\_\_\_\_

Dedicated computer for physician use?  Yes  No     
 Wireless internet?  Yes  No  
 High speed internet?  Yes  No     
 Parking available for physician  Yes  No

Parking information (e.g. indicate if free) \_\_\_\_\_

**COMPENSATION — FEE FOR SERVICE**

Billing split (if applicable)

In office \_\_\_\_\_% / \_\_\_\_\_%     
 Form fees/private billings \_\_\_\_\_% / \_\_\_\_\_%     
 Hospital/out of office \_\_\_\_\_% / \_\_\_\_\_%

Guaranteed daily or hourly minimum \$ \_\_\_\_\_

\_\_\_\_\_ Other financial terms (e.g. sessional, GPSC) \_\_\_\_\_

\_\_\_\_\_ Other considerations (e.g. housing available) \_\_\_\_\_

OTHER COMMENTS/NEEDS \_\_\_\_\_

**CONTACT** — If you would like to be contacted directly please complete if contact information is different from GP/Practice Information already completed above, otherwise all inquires will be fielded by the Victoria Division of Family Practice.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

\* Please note this posting will be listed on the public side of the Victoria Division website.