

MOA Expression of Interest Form

Name:		Date:
Phone #:	Email:	
Length of MOA Experience:		Wage expectation:
Availability: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Days & Evenings		Current Employment Status: <input type="checkbox"/> Casual <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Seeking Employment
What type of hours are you looking for: <input type="checkbox"/> Casual <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Work Experience		
What areas are you available for: <input type="checkbox"/> Kamloops <input type="checkbox"/> Barriere <input type="checkbox"/> Chase <input type="checkbox"/> Sun Peaks <input type="checkbox"/> North Shuswap		
Education (Certificates, Diplomas, Courses, ect):		
Experience:		
EMR Experience: <input type="checkbox"/> Osler <input type="checkbox"/> Accuro <input type="checkbox"/> MedAccess <input type="checkbox"/> Wolf <input type="checkbox"/> Profile <input type="checkbox"/> Meditech <input type="checkbox"/> Oscar <input type="checkbox"/> Plexia <input type="checkbox"/> Other:		
Practice Type Experience: <input type="checkbox"/> GP <input type="checkbox"/> Team Based Care <input type="checkbox"/> Family Practice <input type="checkbox"/> Walk in <input type="checkbox"/> Specialist; Please specify: <input type="checkbox"/> Other; Please specify:		
Special interest (ie billing, referrals, transcription, ect):		
Anything else you would like a potential employer to know about yourself:		