



MOA Job Posting Submission Form

Start Date _____ End Date (if applicable) _____

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

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

Permanent Temporary | Full-time Part-time Shift
 Casual | Other (e.g. mat leave/vacation/sick time) _____

SCHEDULE — (day & times, if applicable)

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

PRACTICE INFORMATION — please check all boxes that apply

Solo Practice Group Practice Walk-in Clinic Combination (specify) _____

Contact Name _____

Clinic/Physician Name(s) (optional) _____

Area of City _____

EMR Name _____ eFax Software Name _____

CONTACT INFORMATION— please fill in all areas and specify preferred methods of contact for applicants. Please be aware that checked information will be accessible to interested candidates via a public website.

Tel _____ Fax _____

Email _____

POSTING DESCRIPTION — describe the practice/position in detail; include patient demographics, # of clinic rooms, physicians, team composition, # of MOAs, and any special considerations.

POSTING REQUIREMENTS — please check all boxes that apply

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|-------------------|------------------------------|-----------------------------------|-----------------------------------|------------------|------------------------------|-----------------------------------|-----------------------------------|
| Reception | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional | Document Linking | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional |
| Scheduling | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional | Billing | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional |
| Management skills | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional | Uniform | <input type="checkbox"/> n/a | <input type="checkbox"/> Required | <input type="checkbox"/> Optional |

Other requirements _____

*Please note this posting will be listed on the public side of the Divisions' website.