

## PHYSICIAN & NURSE PRACTITIONER JOB POSTING FORM

Please complete form and email to [recruitment@sidfp.com](mailto:recruitment@sidfp.com) or fax 250.658.3304. If you have any questions regarding job posting requests, please contact the South Island Division of Family Practice at 250.658.3303.

HIRING NEED			
<b>Please select</b>	<input type="checkbox"/> Locum	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

CLINIC INFORMATION					
<b>Name of Clinic</b>					
<b>Clinic Location</b>	<i>Street Address</i>				
	<i>City</i>				
	<i>Province</i>		<i>Postal Code</i>		
<b>Practice Type</b>	<input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Other				
<b>No. of Physicians in Practice</b>			<b>No. of MOAs in Practice</b>		
<b>Clinic Hours</b>	<b>Monday:</b>	<i>From</i>		<i>To</i>	
	<b>Tuesday:</b>	<i>From</i>		<i>To</i>	
	<b>Wednesday:</b>	<i>From</i>		<i>To</i>	
	<b>Thursday:</b>	<i>From</i>		<i>To</i>	
	<b>Friday:</b>	<i>From</i>		<i>To</i>	
	<b>Saturday:</b>	<i>From</i>		<i>To</i>	
<b>EMR</b>					

POSITION INFORMATION				
<b>Dates Required</b>	<i>From</i>		<i>To</i>	
<b>Hours</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either/Flexible			
<b>Requirements</b>	<i>Obstetrics</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>ER</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>Hospital</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>House Calls</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>Residential Care</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional

Phone-250-658-3303 -- Fax-250-658-3304 -- e-mail [info@sidfp.com](mailto:info@sidfp.com)

