

PHYSICIAN JOB POSTING FORM

Please complete form and email to 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			
Please select	<input type="checkbox"/> Locum	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary

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

POSITION INFORMATION				
Dates Required	<i>From</i>		<i>To</i>	
Hours	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either/Flexible			
Requirements	<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

	<i>Palliative Care</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>Surgical Assist</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>On Call</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Optional
	<i>On Call Details</i>			
No. patients per day	<input type="checkbox"/> <20 <input type="checkbox"/> 20-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 35-40 <input type="checkbox"/> >40			
Overhead Split				
Daily Minimum				
If Locum, indicate what payment is based on	<input type="checkbox"/> Billings <input type="checkbox"/> MSP Payments Received			
Additional Information				

CONTACT INFORMATION <i>(Note this information will be publicly available on internet postings, etc.)</i>	
Contact Person	
Email	
Phone	
Cell	

Phone-250-658-3303 -- Fax-250-658-3304 -- e-mail info@sidfp.com

