

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)

- | | | | | |
|------------------------------------|------------------------------------|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Shift |
| <input type="checkbox"/> Casual | | <input type="checkbox"/> Other (e.g. mat leave/vacation/sick time) | _____ | |

SCHEDULE — (day & times, if applicable)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mo _____ to _____ | <input type="checkbox"/> Tu _____ to _____ | <input type="checkbox"/> We _____ to _____ | <input type="checkbox"/> Th _____ to _____ |
| <input type="checkbox"/> Fr _____ to _____ | <input type="checkbox"/> Sa _____ to _____ | <input type="checkbox"/> Su _____ to _____ | <input type="checkbox"/> 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

- | | | | | | | | |
|-------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------|------------------------------|-----------------------------------|-----------------------------------|
| 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 Division's website.*