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	☐ Locum	☐ Permanent	☐ Temporary

CLINIC INFORMATION						
Name of Clinic						
Clinic Location	*Street Address*					
	City					
	Province		*Postal Code*			
Practice Type	☐ Solo	☐ Group	☐ Other			
No. of Physicians in Practice		**No. of MOAs in Practice**				
Clinic Hours	**Monday:**	*From*		*To*		
	Tuesday:	*From*		*To*		
	Wednesday:	*From*		*To*		
	Thursday:	*From*		*To*		
	Friday:	*From*		*To*		
	Saturday:	*From*		*To*		
EMR						

POSITION INFORMATION				
Dates Required	*From*		*To*	
Hours	☐ Full-time	☐ Part-time	☐ Either/Flexible	
Requirements	*Obstetrics*	☐ Yes	☐ No	☐ Optional
	ER	☐ Yes	☐ No	☐ Optional
	Hospital	☐ Yes	☐ No	☐ Optional
	House Calls	☐ Yes	☐ No	☐ Optional
	Residential Care	☐ Yes	☐ No	☐ Optional

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

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