COMMUNITY PRACTICE PROFILE FORM

Please complete the following form to have your advertisement posted on the Calgary Family Medicine Website (www.calgaryfamilymedicine.ca)

Note:

1. This is a **public** website so do not include your personal contact information
2. Postings will **expire automatically after 6 months**. If you would like your posting to be removed sooner or remain posted for a longer period of time, please email family.medicine@albertahealthservices.ca

Date: _____ ☐New posting ☐Update to existing posting

Clinic name: _____

Clinic address: _____

Contact person: _____

Clinic phone: _____ Fax: _____

Clinic email: _____

Website: _____

SITE SERVICES & SPECIALTIES (SELECT ALL THAT APPLY)

☐OB to 20 weeks	☐Women's health	☐Sport's medicine	☐Mental health
☐OB to term	☐Men's health	☐Long term care	☐Acute care
☐OB L&D	☐Children's health	☐Cosmetic procedures	☐Hospitalist
☐_____	☐_____	☐_____	☐_____

SITE PROFILE (SELECT ALL THAT APPLY)

☐Scheduled appointments	☐Shared practice (# of physicians ___)
☐Walk ins accepted	☐Solo practice
☐Call group (specify _____)	☐Shared care participation
☐PCN (specify _____)	☐EMR (vendor) _____

COMPENSATION TYPE:

☐Fee-for-Service ☐Alternate Payment Plan ☐Combination

SEEKING FAMILY PHYSICIAN FOR (SELECT ALL THAT APPLY):

☐Partner	☐Associate	☐Locum
☐full time	☐full time	☐full time
☐part time	☐part time	☐part time

Start Date: _____ End Date (if applicable): _____

ADDITIONAL INFORMATION (OPTIONAL):

PICTURE (OPTIONAL): IF YOU WOULD LIKE TO INCLUDE A PICTURE, PLEASE SEND IT TO FAMILY.MEDICINE@ALBERTAHEALTHSERVICES.CA