

COMMUNITY PRACTICE PROFILE FORM**CLINIC PROFILE** (select all that apply)

- Solo practice Group practice (# of physicians _____) PCN (specify _____)
- Emergency Mental Health Women's Health Dermatology
- Urgent Care Sports Med Men's Health Hospitalist
- Cosmetics Low Risk OB Other (specify _____)

CONTACT INFORMATION

Clinic Name: _____

Clinic Address: _____

Contact Person: _____

Contact Email: _____

Contact phone: _____ Contact Fax: _____

Clinic website: _____

JOB OPPORTUNITY

- Position type:** Locum Full time Part-time: FTE: _____
- Associate Full time Part-time: FTE: _____
- Partner Full time Part-time: FTE: _____

Start Date: _____ End Date: _____

On-call Duties: _____ Overhead Split: _____

General Duties: _____

EMR Vendor: _____ Remote Access Video capability {virtual}**CLINIC SPECIFICS**Equipment: Procedure Room ECG Ultrasound Slit lamp Other: _____

In-house specialists & allied health: _____

MOA, RN, Admin, Management, Support Staff: _____

Additional Information _____