



# 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)

Permanent     Temporary    |     Full-time     Part-time     Shift  
 Casual    |     Other (e.g. mat leave/vacation/sick time) \_\_\_\_\_

**SCHEDULE** — (day & times, if applicable)

Mo \_\_\_\_\_ to \_\_\_\_\_     Tu \_\_\_\_\_ to \_\_\_\_\_     We \_\_\_\_\_ to \_\_\_\_\_     Th \_\_\_\_\_ to \_\_\_\_\_  
 Fr \_\_\_\_\_ to \_\_\_\_\_     Sa \_\_\_\_\_ to \_\_\_\_\_     Su \_\_\_\_\_ to \_\_\_\_\_     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	<b>Document Linking</b>	<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 Divisions' website.*