



Practice & Opportunity Profile

Fax completed form to: (919) 870-6121 with Attention to Michelle Heffner

Name of Practice: _____

Contact Person & Contact Info: _____

Email: _____ Phone: _____

Address: _____

Type of Practice: _____ # of physicians in the practice: _____

Specialties offered in the practice: _____

Hospital Affiliation: _____

Job specialty: _____

Position Start Date: _____ Contract Timeline: _____

Board Certification required: Yes No Eligible

US Med School education required: Yes No

Specialty training requirements: _____

Work Hours: _____ Call schedule: _____

Approx. # of Patients per day: _____

MD/DO: _____

Paid Health? _____

Start Earnings: _____

Paid Dental? _____

Potential Earnings: _____

Paid MalPractice? _____

Able to sponsor Visas? _____

CME Days: _____

Partner Track Length: _____

Loan Forgiveness? _____

Call Coverage: _____

Vacation Days: _____

Buy In? _____

Buy in Amount: _____

Relo Paid? _____

Relo Amount: _____

Signing Bonus? _____

Bonus Amount: _____

Paid 401k: _____

Medical Spanish needed: _____

Job Summary: _____

Signature: _____