



PHYSICS AND ALLIED HEALTH
PERMANENT PLACEMENT PROFILE

Date			
Client Name			
Client Contact		Title	
Client Address			
County			
Contact Name			
Contact Phone		Fax	
Contact E-Mail		Client Website	

PRACTICE INFORMATION

Is this practice	multi-specialty group	<input type="checkbox"/>	single specialty group	<input type="checkbox"/>	solo	<input type="checkbox"/>
	private practice	<input type="checkbox"/>	hospital-based	<input type="checkbox"/>	freestanding	<input type="checkbox"/>
Avg. number of treatments per day			Avg. number of consults per week			
Avg. number of follow-ups per week			Number of new R.T. patients last year			
What are the office hours?						

CLINICAL AND SUPPORT STAFF

Number of RTTs		Chief Tech's Name				
Number of RTs		Dosimetrist's Name				
Physics Support	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Parttime	<input type="checkbox"/> MS	<input type="checkbox"/> PhD	Days covered	
Physicist's Name						
Radiation Safety Officer				Phone		
Number of RNs		Number of LPNs		Office Manager's Name		
Administrator's Name			Transcriptionist	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Parttime	
Please list all the Radiation Oncologists currently on staff						

EQUIPMENT

Type of Accelerator		Energies	
Type of Accelerator		Energies	
Type of Accelerator		Energies	
HDR (Brand/Type)		Superficial Unit	
Type of Simulator		With flouro?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Planning Computer			
Services	<input type="checkbox"/> IMRT <input type="checkbox"/> IGRT <input type="checkbox"/> Gamma Knife <input type="checkbox"/> CyberKnife <input type="checkbox"/> Brachytherapy <input type="checkbox"/> MammoSite <input type="checkbox"/> PET/CT <input type="checkbox"/> TomoTherapy <input type="checkbox"/> 3D CRT <input type="checkbox"/> SRS <input type="checkbox"/> SRT <input type="checkbox"/> HDR/LDR		
Other			

HOSPITAL INFORMATION

Please list all hospitals your practice is affiliated with.

1. Name					
Contact					
Address					
Phone		Fax		Distance from main office	
2. Name					
Contact					
Address					
Phone		Fax		Distance from main office	
3. Name					
Contact					
Address					
Phone		Fax		Distance from main office	

CANDIDATE QUALIFICATIONS

Years of experience desired	
Educational Requirements	
Skills Required	
Other Qualifications	

