

MEDICAL ONCOLOGY
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 new consults per week		Avg. number of office chemo patients per week				
Avg. number of total inpatients per day		Number of office locations physician will cover				
Location				Phone		
Location				Phone		
What are the office hours?						
Expected number of new patients the physician will see daily						
Expected number of inpatients the physician will see daily						
Does the practice include:						
Internal Medicine	<input type="checkbox"/>	Percent		Hematologic Oncology	<input type="checkbox"/>	Percent
Pediatric Oncology	<input type="checkbox"/>	Percent		Gynecologic Oncology	<input type="checkbox"/>	Percent
Bone Marrow Transplant	<input type="checkbox"/>	Percent		Stem Cell Transplant	<input type="checkbox"/>	Percent
Where are chemo drugs mixed?						
Where are x-rays taken?						
Where is lab work done?						
Where is the closest blood bank located?						
Nearest radiation therapy						
Does the practice have an academic affiliation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where?			
Are there opportunities for clinical trials and/or research?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What type?			



CLINICAL AND SUPPORT STAFF

Number of RNs		Number of LPNs	
Number of NPs		Number of PAs	
Office Manager		Data Collector	
Other Staff			

CALL RESPONSIBILITY

How often will the physician be on call?	
Describe the evening call schedule	
Describe the weekend call	

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				
Will you consider?	New Fellow	<input type="checkbox"/>	Board Certified	<input type="checkbox"/>
	Candidate with Visa Requirements	<input type="checkbox"/>	H-1B	<input type="checkbox"/>
	Board Eligible	<input type="checkbox"/>	Foreign Medical Graduate	<input type="checkbox"/>
		<input type="checkbox"/>	Hematology	<input type="checkbox"/>
Additional experience desired				

FINANCIAL PACKAGE

Please provide the salary range for this position					
Are you offering an income guarantee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How is it structured?		
Do you offer a bonus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How is it calculated and distributed?		
Do you offer partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	After how long?		
If there is a buy-in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How much is it?		
How is income distributed at partnership?					
Is there a buy out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, how is it structured?		
What is the income potential after	2 years		3 years		5 years

FRINGE BENEFITS

Check which insurance is paid for	malpractice <input type="checkbox"/>	health: single <input type="checkbox"/>	family <input type="checkbox"/>	life <input type="checkbox"/>	disability <input type="checkbox"/>	dental <input type="checkbox"/>
How much vacation time?			How much CME time?			
Do you offer a retirement plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What type?			
Do you provide relocation assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have an auto allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Which professional expenses are paid for?						
What other benefits are offered?						

PAYOR MIX

Percentages	Medicare		Medicaid		Managed Care		Capitated		Self Pay	
Private Pay		Other								
How much charity work does practice perform?										

COMMUNITY INFORMATION

Service Area Population		City Population	
Draw Area Population		What do you consider pluses about the community?	

