

**RADIATION 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 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?						
Expected number of new patients the physician will see daily						
Expected number of inpatients the physician will see daily						
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 RTTs		Chief Tech's Name								
Number of RTs		Dosimetrist's Name								
Physics Support	Fulltime	<input type="checkbox"/>	Parttime	<input type="checkbox"/>	M.S.	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>	Days covered	
Radiation Safety Officer							Phone			
Number of RNs		Number of LPNs		Office Manager's Name						
Administrator's Name					Transcriptionist	Fulltime	<input type="checkbox"/>	Parttime	<input type="checkbox"/>	

**CALL RESPONSIBILITY**

How often will the physician be on call?								
Describe the weekend call				Call by	Beeper	<input type="checkbox"/>	Phone	<input type="checkbox"/>



EQUIPMENT

Type of Accelerator		Energies	
Type of Accelerator		Energies	
Type of Accelerator		Energies	
HDR (Brand/Type)		Superficial Unit	
Type of Simulator		With flouro?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment Planning Computer			
Services	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 <input type="checkbox"/>		
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			
Will you consider?	Resident <input type="checkbox"/>	Board Certified <input type="checkbox"/>	Board Eligible <input type="checkbox"/>
	Candidate with Visa Requirements	H-1B <input type="checkbox"/>	J-1 <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: family <input type="checkbox"/> single <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?	

