

NHSC Site Profile for Posting on NHSC Opportunities List

Complete form and mail or fax to:

Bureau of Clinician Recruitment and Service
Division of Site and Clinician Recruitment
Site and Community Development Branch
5600 Fishers Lane, Room 8A-30
Rockville, MD 20857
Fax: 301-594-2721

NHSC Site Profile for Posting on NHSC Opportunities List

Page 1 of 3

Site Name: _____ **UDS/BCRR #:** _____
Site URL: http:// _____

Preferred Method of Contact: **Phone** **Fax** **Mail** **Email** **Online**

Days and Hours Open: _____

Services:

<input type="checkbox"/> Adult	<input type="checkbox"/> Mental Care	<input type="checkbox"/> Emergency Services
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Dental Care	<input type="checkbox"/> In Patient
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Out Patient
<input type="checkbox"/> Other(s): _____		

Facilities:

<input type="checkbox"/> Medical Exam Rooms (Number of rooms:)	<input type="checkbox"/> Emergency Room
<input type="checkbox"/> Dental Exam Rooms (Number of rooms:)	<input type="checkbox"/> Multi-Facility
<input type="checkbox"/> Pharmacy on Site	<input type="checkbox"/> Independent
<input type="checkbox"/> Lab on Site	<input type="checkbox"/> Close to Hospital
<input type="checkbox"/> X-Ray on Site	
<input type="checkbox"/> Other(s): _____	

Hospital Privileges: **Yes** **No**

Description: _____

On Call Requirements: _____

Staffing: (Please indicate number of staff and break-down, if possible, for each)

Clerical: _____

Executive: _____

Primary: _____

Specialists: _____

Nursing Support: _____

NHSC Site Profile for Posting on NHSC Opportunities List

Page 2 of 3

- Benefits:**
- | | |
|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Moving Expenses |
| <input type="checkbox"/> Dental | <input type="checkbox"/> 401K |
| <input type="checkbox"/> Vision | <input type="checkbox"/> CME Allowances |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Flexible Spending Accounts |
| <input type="checkbox"/> Malpractice Insurance | <input type="checkbox"/> Productivity Bonus |
| <input type="checkbox"/> Other(s): _____ | |
| _____ | |
| _____ | |

- Salary:**
- | | |
|----------------------------------------------|-------------------------------------------|
| <input type="radio"/> Nationally Competitive | <input type="radio"/> Locally Competitive |
| <input type="radio"/> Other: _____ | |
| _____ | |
| _____ | |

- Foreign Languages:**
- | | | |
|------------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other(s): _____ | | |
| _____ | | |
| _____ | | |

Site General Description:

Web Sites of Local Interest:

URL: http:// _____	Description: _____
URL: http:// _____	Description: _____
URL: http:// _____	Description: _____
URL: http:// _____	Description: _____
URL: http:// _____	Description: _____

Locale / Surroundings Description:

NHSC Site Profile for Posting on NHSC Opportunities List

Page 3 of 3

Surrounding area Population Size:

- < 1,000 people
- < 5,000 people
- < 20,000 people
- < 50,000 people
- < 100, 000 people
- < 500,000 people
- < 1,000,000 people
- > 1,000,000 people

Community Type: **Urban** **Rural** **Frontier**

Recreational Opportunities: Shopping Outdoors Entertainment Venues
 Other: _____

Major Industries in the Immediate Surroundings:

- Accounting / Banking
- Biotech / Pharmaceutical
- Agricultural / Fisheries
- Construction
- Computing
- Other(s): _____

- Environmental / Forestry
- Hospitality
- Health / Medical
- Mining / Metal / Oil / Gas
- Manufacturing

Airport Proximity: < 25 miles < 100 miles
 < 50 miles > 100 miles
 < 75 miles

Profile Submitter: _____
Submitter Title: _____
Submitter Email: _____
Submitter Phone Number: _____
Submitter Fax Number: _____
Date Received: **(To be filled out by RTSC staff)**