

Client Practice Profile

PLEASE PROVIDE ANY INFORMATION THAT WILL HELP OUR RECRUITERS COMMUNICATE YOUR PRACTICE SETTING

Dates of Coverage (Enter Below)

Work Site Name and Address:

Contact Person:
Phone:
Fax:
Email:

Practice Information Tuesday: ______ Friday: ______ Schedule: Hours Physician Will Be Working Wednesday: ___ Monday: Thursday: _ __ Friday: ___ Saturday: ___ Schedule: Weeknight and Weekend Call Weeknight Call: Mon () Tues () Wed () Thurs () Fri () Call Ratio:_ Weekend Call: Start time: _____ End time: ____ Call Ratio: **Boards & Certification Requirements:** () Board Certified () Board Qualified () Federal DEA () State CDS () BLS/CPR () ACLS () ATLS () PALS Who are the Medical Director and Scheduler? Number of M.D.'s who will be working with the Locum Tenens Provider? () PA () NP () RN () LPN () LVN () MA () Lab Tech () X-Ray Tech Medical Support Staff and Facilities: () Other: _____ # of Beds _____ # of Exam Rooms _ Patient Population Mix: % Newborn % Pediatrics _____% Adult % Geriatrics # of Patients Per Day: _ Average Number of Cases Per Day: % Walk-In % Scheduled Type of Charting: Written () EMR () Dictation () Medical Records System: What is the name of the medical records system being used? Procedures Required and Expected Role of the Physician? Do we present CV's to you or is there another contact that we should present to? **Credentialing Information** Who is the Credentialing Contact Person (Phone/Fax/Email)? What are the necessary privileging documents? How long does it take to complete your credentialing process? Community / Travel Information (Optional) Nearest Airport: **Local Population Census:** Points of Interest in your Community: Any Other Additional Information: