



Georgia Board for Physician Workforce

State of Georgia

The Georgia Board for Physician Workforce is a state agency responsible for administering state funds to support medical education in addressing the physician manpower needs for Georgia. This state-funded service is provided without cost to the physician or opportunity and is designed to create a quality match between the physician and opportunity. Staff members work closely with the physicians and community representatives as liaisons to help physicians select a practice site to meet personal, professional and financial goals.

The Georgia Board for Physician Workforce welcomes the chance to assist with your search for a physician to join your practice. Please complete the enclosed Opportunity Profile to outline the opportunity and attach additional pages as needed. The more information we have, the better we will be able to assist you. Since the physician will be interested in the community as well as the opportunity, please describe your community with as much detail as possible.

When you receive a physician referral, it is then your responsibility to screen, contact and follow-up with the prospective physician. Referrals made by our program are not intended as endorsements but are for the careful consideration and evaluation of the physician and/or community.

Please contact me with any questions and additional information you may have. I look forward to working with you.

Sincerely,

Kim Jackson
Matching Services Coordinator

Enclosure

OPPORTUNITY PROFILE

- 1) Facility Name: _____
- 2) Address: _____
- 3) City: _____ 4) Zip: _____
- 5) County/Population: _____
- 6) Contact Person: _____
- 7) Title: _____ Email: _____
- 8) Address: _____
- 9) Telephone #: _____
- 10) Fax #: _____
- Website Address: _____

MEDICAL COMMUNITY

- 11) Hospital: _____
- 12) Number of physicians on staff: _____
- 13) Number of hospital beds: _____
- 14) Average census of hospital: _____
- 15) CCU/ICU: Yes _____ No _____
- 16) Number of CCU/ICU beds: _____
- 17) Age of facility: _____
- 18) Has the hospital undergone recent renovations? Yes _____ No _____
- 19) Nearest referral hospital: _____
- # of beds: _____
- 20) Number of nursing home beds in the community: _____
- 21) Number of deliveries each month if applicable: _____

COMPENSATION

Do you offer:

Malpractice:	Yes _____	No _____	Loan repayment:	Yes _____	No _____
Paid Vacations:	Yes _____	No _____	Retirement Plan:	Yes _____	No _____
Paid CME:	Yes _____	No _____	Health Insurance:	Yes _____	No _____
Life Insurance:	Yes _____	No _____	Student Scholarships:	Yes _____	No _____

Other:

COMMUNITY INFORMATION

Attached, please provide a written description of your community and the opportunity available to assist us in more effectively marketing your practice opportunity. In the description provide information on employment opportunities for spouse, day care facilities, religious facilities, cultural entertainment, recreational activities, educational facilities, and any other information which you feel would be useful to attract a physician to your community/practice.

ACKNOWLEDGMENT

I understand that the Physician and Community Resources Division is a unit of the Georgia Board for Physician Workforce, State of Georgia and that placement assistance is provided free of charge, without consideration to race, age, sex, color, religion, national origin or handicap. Assistance or referrals made by the Program are not meant as an endorsement, but are for my consideration. I also agree that referrals released to me by the State of Georgia will be used to recruit physicians for the State of Georgia only. I will not release these names or CV's to any other agency or recruiting firm.

Signature/Title

Date

**Georgia Board for Physician Workforce
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