

**Emergency Medicine Residents Career Day
Hospitals Seeking Physicians**

Hospital Name

Contact Person/Title

Address: Street City State Zip

Work Telephone/Extension

Work Fax

E-Mail Address

Website

1. **Geographic description:**

Urban Suburban Rural

2. **Annual Emergency Department census:**

3. **Number of emergency physicians:**

full-time: _____ part-time: _____

4. **Does Emergency Department have full departmental status:**

Yes No

5. **Hospital profile:** # of beds: _____ level: _____ residency program: Yes No type: _____

6. **Job description:**

a. administration

b. staff position

c. faculty appointment

d. patients care

e. teaching/resident supervisor

f. medical control

g. pre-hospital care responsibilities

h. other (specify): _____

7. **Physician requirements:**

a. Board Certified Emergency Medicine

b. Board eligible/qualified emergency medicine

c. EM residency graduate

d. ACLS certified

e. ATLS certified

f. Years of emergency medicine experience _____

g. Board certified/qualified other: _____

h. Other (please specify): _____

8. **Reimbursement range:**

Approximate value of benefits package: \$ _____

Approximate value of salary package: \$ _____

9. **This position is:**

a. Full Time b. Part Time c. Locum Tenens

10. **Date of availability:** _____

All information is accepted as submitted. The New York American College of Emergency Physicians is not responsible for any errors contained therein.

Signature

Date