



OPPORTUNITY DATA SHEET

(Please Print or Type All Information)

The information that you provide will be posted on the MassAFP website (massafp.org) for sixty days. You will be notified when it has been posted along with the scheduled removal date. If you wish to make changes to the listing or extend the duration of the posting you will need to contact the MassAFP office.

Return the completed form along with a word version of your posting to the MassAFP

via Email (information@massafp.org)

Facsimile (978) 232-0072

or US Mail: 100 Cummings Center Suite 325C, Beverly, MA 01915

Contact Name: _____ Email: _____

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone_1: _____ Phone_2: _____ Facsimile: _____

Full Time Part Time (Min. Hours _) Either Start Date _____

Geographic Location of Practice:

Downtown Boston Northern Suburbs Southern Suburbs Western Suburbs
Central Massachusetts Southeastern Massachusetts Western Massachusetts

(Indicate City/Town): _____

Practice Setting:

Family Medicine Group (2-4 Physicians) Family Medicine Group (5+Physicians)

Multi-Specialty Group (2-4 Physicians) Multi-Specialty Group (5+ Physicians)

Academic Facility Community Health Center Hospital Based

Other (Practice Description): _____

Practice Areas Include:

Administration Geriatrics Integrative Medicine OB Routine

OB High Risk Pediatrics Research Sports Medicine

Teaching Women's Health Other: _____

Benefit Package Includes:

Base Salary CME Allowance Health Insurance Hospital Privileges

Incentive Bonus Malpractice Insurance Partnership Opportunity Vacation

Other: _____

Position Requirements (Please indicate R for Required and D for Desired):

Bi-lingual, (indicate language) _____

Board Certified

Call Schedule 1:

Years of Experience

Resident

Indicate additional specific requirements: