# Medical Staff (Nurse Practitioner) Vacancy Posting Request Form

Vancouver **CoastalHealth**

*Please complete this form to request a vacancy posting on Health Match BC.*

## Job Posting Date Range
*How long should the HMBC job posting remain active?*

**Start Date**                                        **Expiry Date**

## Application Deadline
*The job posting can be hidden once the deadline passes and can remain inactive until position is filled.*

**Job Title**                                          **Community**

**Site / Street Address**                              **Facility Type**

**Health Authority or Private Clinic**                 **Specialty**

## Position Type
*Casual / Permanent FT / Permanent PT / Term – FT / Term - PT*

**If it is a Permanent position, provide a start date: Start Date**

**If this is a Term position, provide a start and end date:**

**Term Start Date**                                    **End Date**

**Is this a Primary Care Network Opportunity?**     **On-Call Hours**     **Hours of Work**

## Job Description
*Provide a paragraph (minimum 3-5 sentences) of the job opportunity. Be informative and descriptive. Note: abbreviations must be spelt out and can be shown in brackets following.*

# Vancancy Posting Request Form

## Experience Required
*Select the appropriate drop down options for the below categories if applicable.*

**Master's Degree- Nurse Practitioner**

**Master's Degree- Nurse Practitioner (Family)**

**PhD**

**CPR**

**Driver's License**

**ACLS**

## Comments

# Vancouver CoastalHealth

# Vacancy Posting Request Form

## Job Posting / Referral Contacts

*Provide the required contact information for the individual(s) who will be the contact for this posting as well as receive all referrals/CVs.*

*Please note, this information will not be included in the posting. It will only be used to create on online account to enable you to receive applications submitted via the HMBC website. You will be notified of new applications via email.*

### CONTACT #1 *(Required)*

**Contact Name**
*First and Last Name*

**Job Title**                   **Department**

**Email Address**               **Phone Number**

### CONTACT #2 *(if applicable)*

**Contact Name**
*First and Last Name*

**Job Title**                   **Department**

**Email Address**               **Phone Number**

### CONTACT #3 *(if applicable)*

**Contact Name**
*First and Last Name*

**Job Title**                   **Department**

**Email Address**               **Phone Number**