

**University of Kansas Medical Center  
Rural Health Education and Services  
Kansas Recruitment and Retention Center  
1010 N. Kansas Wichita, KS 67314-3199  
316-293-2649 phone  
316-293-2671 fax**

**Opportunity Profile Form**

Primary Contact Name: _____	Today's Date: _____
Additional Contact(s): _____	
Facility Name: _____	
Address: _____	
City, State, Zip: _____	E-mail: _____
Telephone: _____	Fax: _____
How did you hear about us: _____	

**\*Note:** To help us serve you better and provide information to our candidates, please complete this form in its ENTIRETY.

Date Available/Reason for Availability: \_\_\_\_\_  
 New Position     Replacement Position

Type of Health Professional you are seeking:  
 Physician     Physician Assistant     Nurse Practitioner     RN  
 Other (specify) \_\_\_\_\_

Specialty:  
 Family Practice    \_\_\_ With OB or \_\_\_ Without OB  
 Internal Medicine     Pediatrics     OB/GYN     Medicine -Pediatrics     General Surgery  
 Other (specify) \_\_\_\_\_

Willing to consider the following citizenship status types:  
 US Citizen     Permanent Resident (H-1B Visa)     Resident Alien (J-1 Visa)\*

**\*For information on *visa waivers*, please contact Barbara Huske, Office of Local and Rural Health, at 785-296-2742, e-mail [bhuske@kdhe.state.ks.us](mailto:bhuske@kdhe.state.ks.us) or visit the web site at <http://www.kdheks.gov/olrh/>**

**FINANCIAL**

Salary Range: \_\_\_\_\_

Contract Duration: \_\_\_\_\_

Structure/Incentives: \_\_\_\_\_

**BENEFITS**

Loan Repayment Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Relocation Costs Covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
CME Allowance Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe

Benefits (PTO, insurance, retirement, malpractice, etc): \_\_\_\_\_

**PRACTICE INFORMATION**

Practice Facility Description (Add a short description of the practice facility where the provider will be working here. For example, 10-physician multi-specialty clinic, 24 bed critical access hospital, etc.): \_\_\_\_\_

Points of Pride (Renovations, awards, why work there, etc.): \_\_\_\_\_

Hospital Employed  Group Practice  Multi-specialty  Other (specify) \_\_\_\_\_

Do you provide services to Indigent patients? \_\_\_\_\_ Do you accept Medicare/Medicaid? \_\_\_\_\_

Patient Population Information: \_\_\_\_\_

Current Staffing: \_\_\_\_\_

Satellite Locations (Any other location that provider will be working): \_\_\_\_\_

Position Schedule: \_\_\_\_\_

Call Coverage: \_\_\_\_\_

Position Description and Expectations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Culture/Work Environment: \_\_\_\_\_

**LOCAL HOSPITAL INFORMATION**

Position is in a hospital       Following is information about the closest hospital

Name: \_\_\_\_\_

Location/Distance: \_\_\_\_\_ HPSA \_\_\_\_\_ If yes, category \_\_\_\_\_

Beds: \_\_\_\_\_

Hospital Services: \_\_\_\_\_

**COMMUNITY WHERE POSITION IS LOCATED**

Population of community: \_\_\_\_\_

Service area population:

0-2500       2501-5000       5001-10000       10001-25000       25000 +

Community Highlights (Tell us why candidates should want to live in your community)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your search will begin once a signed contract and payment are received by the Kansas Recruitment and Retention Center (KRRRC). You will receive information about interested candidates via email that will be sent to the designated primary contact listed on page one (1). In order to best serve your facility and the candidates, it is important that you remain in regular contact with the KRRRC once an interested candidate is referred to you.

Please mail or fax to:  
University of Kansas Medical Center  
Rural Health Education and Services  
Kansas Recruitment and Retention Center  
1010 N. Kansas  
Wichita, KS 67214  
Phone: 316-293-2649  
Fax: 316-293-2671  
Toll Free: 1-888-503-4221