



# Wyoming Health Resources Network, Inc.

A public/private partnership dedicated to improving rural health

## Physician Assistant/ Nurse Practitioner Vacancy Listing

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date Needed

\_\_\_\_\_  
Date Vacancy Listed

\_\_\_\_\_  
Recruiting Entity

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

### POSITION INFORMATION

This position is for a  PA  NP  Either and is  Full time  Part time  Temporary.

Part-time hours: \_\_\_\_\_ If Temporary: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

How many years experience required/preferred? \_\_\_\_\_. Would you consider a new graduate?  Yes  No

Specific medical skills required/preferred? \_\_\_\_\_

Reason for vacancy: \_\_\_\_\_

### PRACTICE DETAILS

Describe the scope of services to be provided and any predominant patient characteristics: \_\_\_\_\_

\_\_\_\_\_

Number of patients seen in this practice last year: \_\_\_\_\_

How many patients will be seen daily by this candidate? \_\_\_\_\_

Call schedule: \_\_\_\_\_

\_\_\_\_\_

### INCOME

Salary range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Are there incentives?  Yes  No. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BENEFITS**

- Vacation: How much? \_\_\_\_\_
- Health Insurance: Describe: \_\_\_\_\_
- Time off for CME: How much? \_\_\_\_\_
- Moving Expenses: How much? \_\_\_\_\_
- Loan Repayment: Describe: \_\_\_\_\_
- Other: Explain: \_\_\_\_\_

**FACILITIES RELATED TO THIS POSITION**

Hospital/Clinic: \_\_\_\_\_

Where will PA/NP be located? \_\_\_\_\_

Satellite locations (include lab and radiology facilities): \_\_\_\_\_

\_\_\_\_\_

**MEDICAL STAFF INFORMATION**

Supervising physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Other providers (physicians, PA's, NP's, RN's) in the practice: \_\_\_\_\_

\_\_\_\_\_

Visiting specialty consultants (type, frequency of visit, how busy): \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Size of town: \_\_\_\_\_, Size of medical service area: \_\_\_\_\_, County population: \_\_\_\_\_

HPSA  Yes  No USPH/NHSC Loan repayment site?  Yes  No

USPH/NHSC scholarship site?  Yes  No

Area attractions (schools, churches, cultural attractions, recreation, and other attractions): \_\_\_\_\_

\_\_\_\_\_

Any other pertinent information that a candidate should know about your opportunity: \_\_\_\_\_

\_\_\_\_\_

**Thank you for selecting Wyoming Health Resources Network, Inc. for your recruitment needs.**

**Email or Mail completed form to:**  
 Ms. Pennie Hunt, Executive Director  
 Wyoming Health Resources Network, Inc.  
 1920 Evans Ave.  
 Cheyenne, WY 820001  
 Email: phunt@whrn.org