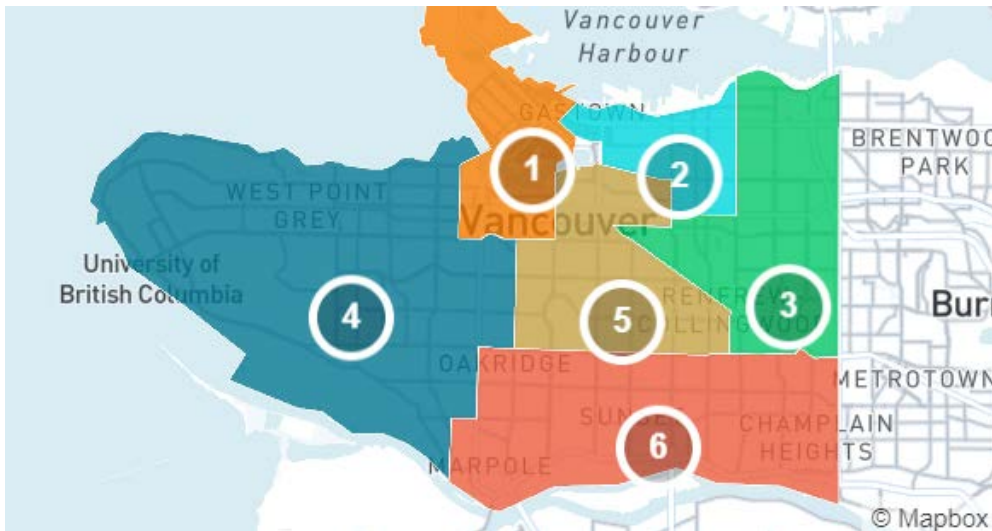


Statement of Interest in Long Term Care

First name	
Last name	
Email	
Phone #	
Fax #	
Languages you are able to practice in:	

Date:

Where would you be interested in working?



Check all that apply:

- CHA 1 - City Centre
- CHA 2 - Downtown Eastside
- CHA 3 - Northeast
- CHA 4 - Westside
- CHA 5 - Midtown
- CHA 6 - South

Which times would work for you to do rounds at your care home?

In general, physicians spend 1-3 hours at a care home every 1-2 weeks depending on their panel size

Check all that apply:

Monday		Tuesday		Wednesday		Thursday		Friday	
	AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM

Statement of Interest in Long Term Care

Do you have a background in long term care?

Yes

No

If yes, please elaborate:

Do you have any areas of special interest/additional training that would be relevant to working in long term care?

Are you interested in being paired with a long term care mentor?

Yes

No

Some of our care homes are owned and operated by Vancouver Coastal Health. Practitioners who work in these care homes are required to hold VCH credentials and privileges:

Do you currently hold VCH credentials and privileges?

Yes

No

If no, would you be willing to go through the VCH credentialing and privileging process to work at a care home that is owned and operated by VCH?

Yes

No

Is there any other information you would like to share with us?