



**SEA MAR**  
Community Health Centers  
Clinica de la Comunidad

## PROVIDER APPLICANT ENCOUNTER

(Please complete all fields and check all boxes that apply.)

**Name:**

**Date:**

**Profession:** MD ARNP PA-C DO If other, please specify;

**Gender:**

**Location of Interest:**

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Aberdeen          | <input type="checkbox"/> Marysville   | <input type="checkbox"/> Olympia   |
| <input type="checkbox"/> Copalis Beach     | <input type="checkbox"/> Seattle      | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> Bellingham        | <input type="checkbox"/> Burien       | <input type="checkbox"/> Lacey     |
| <input type="checkbox"/> Everson           | <input type="checkbox"/> White Center |                                    |
| <input type="checkbox"/> Mt. Vernon        | <input type="checkbox"/> Tacoma       |                                    |
| <input type="checkbox"/> Mt. Vernon OB/GYN | <input type="checkbox"/> Puyallup     |                                    |

**Availability: Start Date:**

**Full/Part Time:**

**Specialty:**

**OB Experience:**

**Willing to perform OB?**  Yes  No

**Spanish:**

**Loan Repayment:**

**Military Commitment:**

**Community Health Experience:**

**Do you have a J1-Visa commitment?**

**How did you find out about this Job Opening?**

**Comments:**