



PROVIDER APPLICANT ENCOUNTER

Please complete all fields and check all boxes that apply.

Name:

Date:

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

Gender:

Desired Start Date:

Full/Part Time:

Location of Interest:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Aberdeen | <input type="checkbox"/> Kent | <input type="checkbox"/> Tacoma |
| <input type="checkbox"/> Bellevue | <input type="checkbox"/> Marysville | <input type="checkbox"/> Tillicum- Lakewood |
| <input type="checkbox"/> Bellingham | <input type="checkbox"/> Monroe | <input type="checkbox"/> Thurston Co.-Walk-In clinic |
| <input type="checkbox"/> Burien | <input type="checkbox"/> Mt. Vernon | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> Clark County | <input type="checkbox"/> MV-Skagit Valley | <input type="checkbox"/> Vancouver Women's |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Ocean Shores | <input type="checkbox"/> White Center |
| <input type="checkbox"/> Des Moines | <input type="checkbox"/> Olympia | <input type="checkbox"/> Yelm |
| <input type="checkbox"/> Everett | <input type="checkbox"/> Puyallup | Other: |
| <input type="checkbox"/> Lacey | <input type="checkbox"/> Seattle | |
| <input type="checkbox"/> Everson | | |

Specialty:

Languages Spoken:

OB Experience:

Willing to perform OB? Yes No

Community Health Experience (Please describe):

Do you require Visa sponsorship?

Are you seeking loan repayment?

How did you find out about this Job Opening?

Do you have any previous or pending claims history or licensure actions (if so, please explain)?

Comments: