

## **Physician Candidate** *Emergency Medicine Specialists*

Thank you for applying for a position with Emergency Medicine Specialists. We pride ourselves in our family culture and outstanding clinical practice. In order to best prepare for your interview, we want to share our process and what we need from you in this first phase. Please complete the following in preparation for scheduling an interview. During this process, EMS will request a National Practitioner Data Bank (NPDB) query.

**Name & Degree (MD/DO):**

1. **Peer References** – EMS requests you provide (3) peers that could offer either verbal or written references for you – these peers should have experience with you in practice or as clinical supervisors in recent residency training.

**(Note: No references will be contacted until after a preliminary discussion.)**

The references should address the following:

- a. Clinical efficiency and knowledge base
- b. Personality and fit for Emergency Medicine

I.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

II.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

III.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

2. **Current Curriculum Vitae (CV)** – Please ensure that it includes the following:

- a. Work experience
- b. Certification – ie: Board, ATLS, ACLS, BLS, PALS
- c. Brief explanation of gaps in work greater than 30 days
- d. Special skills or interests

Please upload CV to our website with this Physician Candidate Questionnaire.

3. **Questions** – Please respond to the following questions. Feel free to attach additional pages if necessary.

**a. Have you ever lost or voluntarily relinquished your medical license in any state?**

Yes *(please provide a brief explanation that includes the circumstances and the State where this occurred or attach to this questionnaire)*

No

**b. Have you been subject to any review or action by a medical examining board?**

Yes *(please provide a brief explanation that includes the circumstances and the State where this occurred or attach to this questionnaire)*

No

**c. Have you been subject to any review or action by a medical staff organization?**

Yes *(please provide a brief explanation that includes the circumstances and the State where this occurred or attach to this questionnaire)*

No

**d. Do you now or have you ever had any issues related to substance abuse including alcohol, street or prescription drugs?**

Yes *(please explain the circumstances as briefly as possible)*

No

**e. Have you ever been convicted of a felony?**

Yes *(please explain the circumstances as briefly as possible)*

No

Thank you for your interest and for completing this questionnaire! We will contact you about next steps. In person interviews are preferred although video conferencing may be acceptable in certain circumstances.