

**Temporary/Per Diem Medical  
Job Order**

**Registration Form**



3691 Old Yorktown Road Shrub Oak, NY 10588 914-245-3200 Fax 914-245-3888

Date: \_\_\_\_\_

Client/Group Name: \_\_\_\_\_

Employer Name and Contact Person: \_\_\_\_\_ Home#: \_\_\_\_\_

Specialty: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Suite

City

State

Zip

Worksite/Corporate Address: \_\_\_\_\_

Suite

City

State

Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Alternate #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Position Needed:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Medical Skills Required:  Blood Pressure  Charting  Venapunctures  Assisting \_\_\_\_\_

Injections  Patient Education  Laboratory  Set-Up/Break-Down  Post-Operative Care

Infection Control

Front Desk Skills Required:  Computers- List Software \_\_\_\_\_  Phone work

Supply Ordering/ Inventory  Filing  Collecting Payments  Scheduling Appointments

Additional Skills:

Experience Required? Yes \_\_\_ No \_\_\_ How many years? \_\_\_\_\_

Start Date for assignment: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Days and Hours required: Please circle**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Dates: \_\_\_\_\_

Hours: \_\_\_\_\_

Does your office comply with OSHA Regulations? \_\_\_\_\_

Please describe office setting, staff size, and any additional comments: \_\_\_\_\_

If group practice: Who would temp be working with? \_\_\_\_\_

Will Temp Be Paid: End Of Day: \_\_\_ On Payroll Cycle: \_\_\_, what day is Payday? \_\_\_\_\_

Possibility of temporary position becoming permanent? Yes \_\_\_ No \_\_\_

**Please attach directions and parking instructions to registration form.**

Signature of Employer: \_\_\_\_\_

