

## Job Opportunity Posting

MILES

Michigan Loan Reimbursement & Employment Solution

Return this completed form to the MILES office via email at [miles@mhc.org](mailto:miles@mhc.org) or fax to (517) 347-4096. We will keep your job posting on file and contact you as we acquire MILES candidates who may be a match for your post. Questions? Please email [miles@mhc.org](mailto:miles@mhc.org) or call (517) 908-8245.

Today's Date \_\_\_\_\_

### 1. Employer Information

Employer Name		Federal ID #	
Address	City	State	ZIP
Recruiter Name	Title	County	
Recruiter Email		Recruiter Direct Phone	
Name & Email of assistant, staff or other who should be copied on correspondence directed to the person listed above:			
Name:		Email:	
Employer Type (e.g. health system, medical group, local public health, etc.):			

### 2. Job Information

Job Name	
Discipline <input type="checkbox"/> DO <input type="checkbox"/> MD	Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO
Specialty <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB-GYN <input type="checkbox"/> Psychiatry <input type="checkbox"/> General Surgery <input type="checkbox"/> Pediatrics	
Practice Details (Hospitalist, Employed, Multi-Specialty Group, etc.)	Relocation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Negotiable
Salary Range	National Health Service Corp? <input type="checkbox"/> YES <input type="checkbox"/> NO

## Job Description

### 3. Practice Site Information (Must be a designated HPSA or MUA/P)

Will the MiLES provider be employed at the practice site(s) listed below for a total of at least 40 hours per week for no less than 45 weeks per year?

☐ YES ☐ NO

*NOTE: Time 'on call' does not count toward 40 hours of employment per week.*

#### Practice Site 1

Name of Practice Site

Physical Address

City

County

State

ZIP

HPSA - Status Must = 'Designated'

HPSA Name: \_\_\_\_\_

HPSA SCORE: \_\_\_\_\_ Designation Date: \_\_\_\_\_ Update Date: \_\_\_\_\_

MUA/P

Service Area Name: \_\_\_\_\_

MUA/P SCORE: \_\_\_\_\_ Designation Date: \_\_\_\_\_ Update Date: \_\_\_\_\_

Community Description

**Practice Site 2 (if applicable)**

Name of Practice Site

Physical Address

City

County

State

ZIP

HPSA - Status Must = 'Designated'

HPSA Name: \_\_\_\_\_

HPSA SCORE: \_\_\_\_\_ Designation Date: \_\_\_\_\_ Update Date: \_\_\_\_\_

MUA/P

Service Area Name: \_\_\_\_\_

MUA/P SCORE: \_\_\_\_\_ Designation Date: \_\_\_\_\_ Update Date: \_\_\_\_\_

Community Description

Practice Site 3 (if applicable)			
Name of Practice Site			
Physical Address			
City	County	State	ZIP
<p><u>HPSA</u> - Status Must = 'Designated'</p> <p>HPSA Name: _____</p> <p>HPSA SCORE: _____      Designation Date: _____      Update Date: _____</p>			
<p><u>MUA/P</u></p> <p>Service Area Name: _____</p> <p>MUA/P SCORE: _____      Designation Date: _____      Update Date: _____</p>			
Community Description			

Practice Site 4 (if applicable)			
Name of Practice Site			
Physical Address			
City	County	State	ZIP
<p><u>HPSA</u> - Status Must = 'Designated'</p> <p>HPSA Name: _____</p> <p>HPSA SCORE: _____      Designation Date: _____      Update Date: _____</p>			
<p><u>MUA/P</u></p> <p>Service Area Name: _____</p> <p>MUA/P SCORE: _____      Designation Date: _____      Update Date: _____</p>			
Community Description			

Practice Site 5 (if applicable)			
Name of Practice Site			
Physical Address			
City	County	State	ZIP
<p><u>HPSA</u> - Status Must = 'Designated'</p> <p>HPSA Name: _____</p> <p>HPSA SCORE: _____      Designation Date: _____      Update Date: _____</p>			
<p><u>MUA/P</u></p> <p>Service Area Name: _____</p> <p>MUA/P SCORE: _____      Designation Date: _____      Update Date: _____</p>			
Community Description			

By submitting this job opportunity to MiLES, I understand and agree to the following should I hire a MiLES participant:

- Employ a MiLES participant a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. At least 32 hours/week are spent providing patient care
- Complete an In-Service Verification (ISV) form every 6 months for each MiLES participant I employ during their 2 year service commitment.
- Notify the MiLES office immediately of any change in the MiLES participant's employment status.

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Signature

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Date