

HEALTH PROFESSIONAL VACANCY UPDATE FORM

New Mexico Health Resources, Inc. (NMHR)

FAX Number: (505) 260-1919

If you prefer to respond via email, contact Melissa Candelaria melissa@nmhr.org

Name of Facility: _____

Person Completing Vacancy Form: _____

Email Address: _____

Phone Number: _____

Authorized Signature: _____ Date: _____

PHYSICIAN NEEDS/VACANCIES:

Please specify specialties below:

Family Practice Yes ___ No ___ OB Yes ___ No ___ Accept J-1 Yes ___ No ___
What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

Internal Medicine Yes ___ No ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

OBGYN Yes ___ No ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

Gynecology Yes ___ No ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

Pediatrics Yes ___ No ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

Psychiatry Yes ___ No ___ Adult ___ Child ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

Hospitalist Yes ___ No ___ Accept J-1 Yes ___ No ___

What Location(s) _____

Need Experience Yes ___ If so How many years? _____ No ___

OTHER PHYSICIANS (please be specific):

Comments: _____

Vacancies should match those vacancies listed in NHSC job list.

DENTAL NEEDS/VACANCIES:

Dentist Yes ___ No ___ Total Number DDS Vacancies _____
What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Hygienist Yes ___ No ___ Total Number Dental Hygienist Vacancies _____
What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Assistant Yes ___ No ___ Total Number Dental Assistant Vacancies _____
What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

PHYSICIAN ASSISTANT NEEDS/VACANCIES:

PA Yes ___ No ___ Total Number PA Vacancies _____
What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

NURSE PRACTITIONER NEEDS/VACANCIES:

Family NP Yes ___ No ___ Total Number FNP Vacancies _____
What Location(s) _____

Need Experience Yes ___ No ___

Pediatric NP Yes ___ No ___ Total Number of Ped. NP Vacancies _____
What Location(s) _____

Need Experience Yes ___ No ___

Psychiatric NP Yes ___ No ___ Total Number of Psy. NP Vacancies _____
What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

Vacancies should match those vacancies listed in NHSC job list.

BEHAVIORAL HEALTH NEEDS/VACANCIES

PSYCHIATRIST

Yes ___ No ___ Total Number Vacancies _____

What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

PSYCHOLOGIST

Yes ___ No ___ Total Number Vacancies _____

What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

SOCIAL WORKER

Yes ___ No ___ Total Number Vacancies _____

What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

LISW/LPCC

Yes ___ No ___ Total Number Vacancies _____

What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

BEHAVIORAL HEALTH THERAPIST

Yes ___ No ___ Total Number Vacancies _____

What Location(s) _____

Need Experience Yes ___ *If so How many years?* _____ No ___

Comments: _____

OTHER BEHAVIORAL HEALTH PROFESSIONAL NEEDS (please be specific):

Comments: _____

Vacancies should match those vacancies listed in NHSC job list.

REGISTERED NURSE NEEDS/VACANCIES

Registered Nurse Yes ____ No ____ Total Number RN Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Comments: _____

LICENSED PRACTICAL NURSE NEEDS/VACANCIES

Licensed Practical Nurse Yes ____ No ____ Total Number LPN Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Comments: _____

THERAPIST NEEDS/VACANCIES:

Physical Therapist Yes ____ No ____ Total Number PT Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Comments: _____

Speech Language Pathologist Yes ____ No ____ Total Number SLP Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Comments: _____

Occupational Therapist Yes ____ No ____ Total Number OT Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Vacancies should match those vacancies listed in NHSC job list.

PHARMACIST NEEDS/VACANCIES:

Pharmacist Yes ____ No ____ Total Number Pharmacist Vacancies ____

What Location(s) _____

Need Experience Yes ____ *If so How many years?* ____ No ____

Comments: _____

OTHER NEEDS/VACANCIES: Please be specific

Vacancies should match those vacancies listed in NHSC job list.