

Request to Recruit Medical Staff



This form is intended for electronic use. **ALL FIELDS MUST BE COMPLETED.** If a field is not applicable, please indicate with N/A. Form can be saved with data for retention purposes if required. Completed form, with all required signatures is to be returned to the Provincial Medical Administrative Office- C/O PMAO, 1502-155 Carlton St. Winnipeg, MB

Date of Request:		New Position	OR	Replacement
Form Prepared By:		Replacement for:		
Title:		Date of Departure:		
Phone #:		Position Title:		

SEARCH

Search Information Canada International Proposed Candidate (if known):

Proposed Start Date: Is candidate Royal College or CCFP: OR American Board:

WRHA and Shared Health College of Medicine

Specialty: Department:

Section: Section:

Primary Site:

RESOURCE ALLOCATION

1. Medical Remuneration (excluding benefits (see below))

Source of Funding	<input type="text"/>	Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Source of Funding	<input type="text"/>	Position#/UofM FOP:	<input type="text"/>	Amount \$	<input type="text"/>
Total Amount (\$) Allocated (Excluding FFS)					<input type="text"/>

Will this position have:

- a contractual commitment to Medical Remuneration? Yes No If **YES**, please state amount:

- a Fee For Service component from MB Health? Yes No

- **benefit costs associated with it?** Yes No If **YES**, please identify funding source below:

Cost Centre: FOP: Other: **Total Benefit Costs:**

2. University of Manitoba - Academic Appointment: GFT Nil Salaried Rank: Clinical Teacher Not Required

3. Infrastructure

a) Office Space and Support (including secretarial assistance, transcription services, billing clerk, office set-up), etc.

Location: Select One:

Staffing: Select One:

b) Ambulatory Clinic Space and Support

Location: Select One:

Staffing: Select One:

c) OR Slate Time Hours allocated/mth

Location: Select One:

Staffing: Select One:

d) Research Space and Support

Location:

Select One:

Staffing:

Select One:

4. Other Resources - Please attach Appendix

Select One:

REQUEST TO PROCEED WITH RECRUITMENT

This position is necessary to support the WRHA/Shared Health / University of Manitoba strategic plans/directions. In requesting approval for the above position, we have ensured and verified that the resources and funding necessary to support this position have been arranged.

REQUESTED BY:

WRHA

Regional Lead (if applicable) Date:

University of Manitoba

University Department Head Date:

Shared Health

Provincial Medical Specialty Lead (if applicable) Date:

REVIEWED & APPROVED BY

Business Lead WRHA(if applicable) Date:

Business Lead Shared Health(if applicable) Date:

Approval to Proceed with Recruitment

I hereby approve the request to recruit this position. Approved by:

Dr. Jose Francois, CMO Date:
On behalf of Shared Health

Dr. Peter Nickerson, Dean of Medicine Date:
On Behalf of the University of Manitoba,
Max Rady College of Medicine

Dr. Aaron Jattan, Acting CMO Date:
On behalf of WRHA

Authorization to recruit to this position is in place for a time period not to exceed 18 months from the date of approval.

MRO Confirmed Date: _____

UofM Finance Confirmed Date: _____

To be completed by PMAO only: U of M Position #:

Position # (New only):

Date Approval Sent to Dept/Prog: