

OhioHealth Physician Group's APP Request Form

OVERVIEW	NEW or REPLACEMENT:	POSITION NUMBER FOR REPLACEMENT:	WHO ARE YOU REPLACING?	PAY GRADE:	CARE SITE:	SPECIALTY:	REQUESTOR:	DATE SUBMITTED:

SPECIFICS	TYPE OF APP:	APP REPORTS TO:	DESIRED START DATE:	DESIRED FTE STATUS	REASON FOR REQUEST	METRICS OF POSITION SUCCESS (IDENTIFY AT LEAST 3):
	POSITION IN LRFP:	WILL THE APP BILL:	EST ANNUAL WRVU:	ENVIRONMENT OF CARE	OTHER APPS IN DEPT:	OTHER ASSOCIATE THAT COULD FULFILL DUTIES:
SUPERVISING PHYS:	COST CENTER #:	JOB DESC REVIEWED:	LIST CLINICAL SKILLS REQUIRED:			

VOLUME	VOLUME:	SOURCE:	PERCENTAGE (0-100):	EXPLANATION:	
	Please describe the anticipated source of volume for the APP's practice. Please select the appropriate anticipated volume percentage for each source. Then, provide a brief explanation to describe whether the anticipated volume will be from cannibalization (coming from another OhioHealth facility), coming from a competitor, coming from a new market opportunity (a market we currently do not capture volume from), or coming through organic growth (the current market is growing).	Cannibalization			
		Competitor			
		New Market			
		Organic Growth			
		Other			
TOTAL		0%			

WORK SCHEDULE	WORK SCHEDULE:	SOURCE:	PERCENTAGE (0-100):	EXPLANATION:	
	Please describe the anticipated work schedule for the APP. Consider all aspects of work the APP will be involved in and indicate the anticipated percentage of time to be spent in each category. Provide commentary in the Explanation section as needed.	Clinical-Physician Office			
		Clinical-Hospital			
		Administrative			
		Call Coverage			
		Other			
TOTAL		0%			

ACCOUNTABLE EXECUTIVE APPROVAL:

ACCOUNTABLE EXECUTIVE:

SIGNATURE: