

# Position Description Form

Position Title: \_\_\_\_\_

Location: \_\_\_\_\_

Salary: \_\_\_\_\_

Practice Setting:(Please Check all that apply):

Group Practice  Managed Care Organization  Hospital  CMHC  Academic  Military  Other

Affiliation: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

Qualifications: \_\_\_\_\_

Nearby (activities, schools, entertainment, etc.): \_\_\_\_\_

\_\_\_\_\_

Candidate Should Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Web Site Address : \_\_\_\_\_

Payment for :  online posting only  combination online & AACAP news posting

bulletin board only  bulletin board & online

bulletin board, online & AACAP news posting

Select Payment Type  credit card  check

If credit card, check type:  Visa  Mastercard  American Express

Please print the credit card number here: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please send all checks payable to the following address with this form:

**[PLEASE RETURN TO AACAP's CLINICAL AFFAIRS DEPARTMENT WITH PAYMENT](#)**

**Fax: 202-966-9518 Mail: 3615 Wisconsin Ave, NW, Washington DC 20016**

Office Use Only: First Listing:  YES  NO Payment \$ \_\_\_\_\_ Posting Date \_\_\_\_\_