PROVIDER RECRUITMENT PROGRAM CANDIDATE INCENTIVE REQUEST FORM

Primary Care, Obstetrics/Gynecology, Psychiatrist and Psychiatric Advanced Practice Providers

FACILITY INFORMATION		
Clinic Name:		
Location(s):		
Address:		
Office #:	Fax #:	Email:

CANDIDATE INFORMATION – PHYSICIAN/NP/PA			
Name:			
Type of Provider:			
Facility Location(s) Candidate will Practice:			
Provider Practice Role:			
% of FTE Candidate will be Practicing:	Is the candidate a replacement or new addition? New Replacement		
Incentives Requested	Signing Bonus: ☐	Moving Allowance Match: ☐	Site Visit Match: ☐ Site Visit Date:
What is the anticipated number of Partnership HealthPlan members that will be assigned to the candidate? Check 1 Box	☐ 1-250 ☐ 251-500	☐ 501-1000	☐ 1000+

Please include the following with your email request for incentives;

1. Completed Incentive Request Form
2. Most Recent Candidate CV
3. If requesting the site visit match, include date of visit
4. If requesting signing bonus or moving match provide a copy of the candidate offer letter including incentives
5. If requesting the signing bonus and/or moving allowance please include the following items in order to complete a PHC credentialing primary check: Candidates most recent CV, NPI #, CA medical license #, SSN, and DOB (Providing SSN & DOB for a candidate at time of offer is optional, however once acquired please provide as part of request)

Please note that PHC cannot process requests for support unless all requested facility and candidate information is provided

Requestor: ____________________________ **Date:** __________________________

PHC USE ONLY BELOW

Approved: ☐	**Denied:** ☐	**Total Incentive(s) Approved:**

PHC Notes:

Partnership HealthPlan: ______________________________ **Date:**____________________________

Cody Thompson, Project Coordinator II Provider Recruitment Program
1036 5th Street, Suite E, Eureka, California 95501
(707) 430-4846 Fax (707) 441-4989
cthompson@partnershiphp.org