

**LabLeadership EXECUTIVE SEARCH®  
MEDICAL DIRECTOR OPPORTUNITIES  
PROSPECTIVE CANDIDATE DATA**

1) Demographics

a) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Salutation \_\_\_\_\_

b) Address \_\_\_\_\_

c) City/State/Zip \_\_\_\_\_

d) Work Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

e) Fax: (     ) \_\_\_\_\_

f) E-mail: \_\_\_\_\_

g) Current Employer: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(City, state)

h) Name of medical facilities served

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Present Position(s):

a) Chairman of Department    

b) Medical Director            

c) Section Chief                

d) Associate Medical Director  

e) Other: \_\_\_\_\_

3) Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowships: \_\_\_\_\_

4) Are you boarded in:

Anatomic Pathology     Yes             No



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If yes, what year? \_\_\_\_\_

Clinical Pathology       Yes       No

If yes, what year? \_\_\_\_\_

5) Do you have a subspecialty?       Yes       No

If yes, what is your subspecialty? \_\_\_\_\_

6) What state(s) are you licensed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Please indicate the type of organization in which you currently practice.

- a) Community Hospital
- b) Teaching Hospital
- c) Academic Medical Center
- d) Commercial Laboratory
- e) Clinic Laboratory
- f) Other: \_\_\_\_\_

8) Is your organization part of a multi-hospital system?  Yes       No

9) What type of laboratory do you *primarily* work in?

- a) Traditional Stand Alone Laboratory
- b) Immediate Response Laboratory
- c) Central/Core Laboratory
- d) Other: \_\_\_\_\_



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10) Professional Associations

- a) AACC
- b) ASCP
- c) CAP
- d) CLMA
- e) ISCLT
- f) Other, Specify: \_\_\_\_\_

11) Laboratory Environment Desired (check more than one if appropriate)

- a) Integrated Healthcare system
- b) Traditional hospital laboratory
- c) Immediate response laboratory or equivalent
- d) Single lab responsibility
- e) Multi departmental
- f) Other, Specify: \_\_\_\_\_

12) What career opportunities would you be most interested in discussing?  
(check more than one if appropriate)

- Medical Director
  - Stand Alone Hospital
  - Multi-Hospital System
  - Academic Medical Center
  - Other: \_\_\_\_\_
  
- Section Chief
  - Chemistry
  - Hematology/Coagulation
  - Blood Bank
  - Microbiology
  - Immunology
  - Histology/Cytology
  - Molecular Diagnostics
  
- Staff Pathologist

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HOW TO SEND US YOUR REGISTRATION INFORMATION

Please fax this form to (847) 498-3264. Please attach a copy of your C.V. *Only registration forms that include C.V.'s will be considered.* If you cannot fax your registration information, please mail it to:

LabLeadership Executive Search®  
Health Care Development Services, Inc.  
2916 Idelwood Ln.  
Highland Park, IL. 60035

Confirmation of your registration and feedback information will be mailed to your home address.

Please call us at (847) 498-1122 if you have any questions.

