

[ORGANIZATION NAME]

EXHIBIT A

PHYSICIAN: «FirstName» «LastName», «Title» MEDICAL DIRECTOR OF: «JobTitle»

PAY PERIOD

For a complete listing of duties please reference the Medical Director Agreement.

Please indicate time in half hour increments.

DUTIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A. Provide program assistance, guidance, and recommendations.																															
B. Provide medical guidance and direction.																															
C. Provide educational inservices and/or conferences.																															
D. Administrative duties.																															
E. Be available to discuss and review treatment.																															
F. Be a physician liaison.																															
G. Meet regularly with Clinic staff. Attend meetings as requested.																															
H. Other																															

GRAND TOTAL: _____

«FirstName» «LastName», «Title»

Date

Approved by: _____

* In addition to the above, please generally describe the services performed this month.