



Job Posting Submission

Job Title: _____

Job Status:

Full Time Part Time

Job Description (include job responsibilities, requirements, relevant work experiences and qualifications): _____

Salary Range: _____

Preferred Methods of Contact: *(complete only the items you want to show in your ad)*

Practice Name: _____

Contact Person: _____

Street Address: _____

City/Town: _____

State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Job Posting Start Date: _____

Length of Time to Run Job Posting:

1 month (\$25) 3 months (\$50)

For further information contact Ray Kleposki at Kleposki@email.chop.edu. Please mail Job Posting Submission with check payment payable to Pediatric Orthopaedic Practitioners Society to:

Children's Hospital of Philadelphia
Division of Orthopaedic Surgery
Attn: Raymond W. Kleposki, MSN, CPNP
Chair POPS Communications & Marketing Committee
34th & Civic Center Blvd
Philadelphia, PA 19104