



Quality Healthcare Through Quality Information

STRETCH YOUR RECRUITMENT DOLLARS

Employers: Are you looking for an effective way to recruit health information management professionals for your organization? The California Health Information Association's JobLine is an excellent resource; it is an online job announcement source specifically created for those seeking qualified professionals in the health information management field. Health information management director, medical coder, compliance officer, HIPAA officer, medical record auditor are only a few of the job titles for the JobLine.

Consider the JobLine. It is a unique opportunity to direct your advertising to potential employees already connected to the health information management field. It's an effective and affordable way to advertise. Call the CHIA Executive Office at **(559) 251-5038** for more information.

JobLine listings are updated daily

\$75.00 per week or \$200.00 per month. Job Postings are limited to 100 words. For prices of listings larger than 100 words please e-mail Advertise@CaliforniaHIA.org. Please submit the completed JobLine Request Form, including payment information, and completed ad copy in a Word document in an e-mail to Advertise@CaliforniaHIA.org.

California Health Information Association
1915 N. Fine Ave. Suite104
Fresno, CA 93727-1565
Voice (559) 251-5038 Fax (559) 251-5836
Web www.CaliforniaHIA.org

View your AD on the CHIA Web site at <http://californiahia.org/jobline>

JobLine Request Form

Request Date _____ Start Date _____

Company _____ Name of Contact _____

Address (St, City, Zip) _____

Phone _____ Fax _____

E-mail Address _____

JobLine Ad Copy The entire script for the job announcement must be no more than 100 words and include information on how applicants are to apply for the position. Please type the script exactly how it is to be posted in a Word document and e-mail the Ad copy along with this completed form to

Advertise@CaliforniaHIA.org

How long ad will run (total weeks): _____
\$75.00 / week or \$200.00 / month

Billing information

Check enclosed

Invoice Purchase or Insertion Order number _____
Include a copy of the PO/IO with this form

Credit Card number _____ Exp. Date _____
VISA, MasterCard, Discover, American Express

Print Cardholder Name _____ Zip Code _____

Cardholder Signature _____

Billing Address _____ Phone Number/ext. _____

If ad agency submitting request, please give name of business the ad is for:

For CHIA use only

Date Received _____ Date Posted _____ # weeks _____ E-mail notification that posted _____

E-mail Regarding Extension _____ Extend to _____ Removal Date _____

Words _____ Ad cost _____ Paid _____ Invoiced _____

Job Title _____