



Eye To Eye Careers
Your career...our vision...

Doctor Referral

Bonus Program Guidelines

We are always looking for the best Ophthalmologists and Optometrists to hire! Research has shown, and our own experience supports, that great doctors know great doctors so we would love to reward you for your referrals!



If you know an Optometrist or Ophthalmologist who would be a good fit and meet the qualifications for an existing open requisition, you could make \$750! If the referred doctor is offered and accepts the position (working at least 1 day a week), **you will receive \$750!**

Candidates who meet the qualifications should be referred to the Recruitment Team using the "Doctor Candidate Referral Form" on the following page, or the online version at www.EyeToEyeCareers.com.

We accept referrals for locations we are hiring for!

Program Rules

- 01 To qualify for this program, a referral is defined as the introduction of an Optometrist or Ophthalmologist for a specific geographic area of interest, whom the organization has not made contact with and does not have in its database.
- 02 The referral must represent the candidate's first contact with the hiring organization. Previously interviewed or hired individuals are not candidates for referral awards, nor are responses from formal internet or print advertising. Formal advertising (i.e. posting on job boards) outside of those done by the Recruitment Team for Eye to Eye Careers affiliated doctor positions is prohibited.
- 03 Only referrals from personal relationships qualify (i.e. family, friends, professional peers). Both the referring individual and candidate must agree to have his/her name used for a formal introduction. The referring individual must obtain permission from the candidate to share his/her information prior to submission of a referral.
- 04 To be eligible for a bonus, the referral must first be submitted directly to the Recruitment Team by emailing the completed and signed Doctor Candidate Referral Form to Info@EyeToEyeCareers.com or submitting the online referral form via the Eye to Eye Careers Website.
- 05 Referrals received after the candidate has been hired are not eligible for the bonus.
- 06 The first eligible individual to refer a candidate will be the only referring individual eligible for payment.
- 07 The candidate must be hired within a reasonable period of time (120 days) of receipt of the referral form or the referral will expire and will not be eligible for the bonus.
- 08 Only candidates who meet the essential qualifications for the position will be considered. All candidates will be evaluated for employment/contracting consistent with applicable policies and procedures. Students may be referred once they have entered their fourth year of optometry school or final year of Residency / Fellowship.
- 09 Decisions on hiring are at the sole discretion of the hiring organization. All information regarding the hiring decision will remain strictly confidential.
- 10 Any disputes or interpretations of the program will be handled by the CEO.
- 11 If your candidate is hired, you will be awarded the full amount of the qualifying bonus. Referral bonus will be paid out once candidate has started working and Eye to Eye Careers has received candidate's placement fee from client. Once payment is received referral will be paid out within 30 days.
- 12 Referral candidates must be hired and work at least 1 day a week for the referral bonus to be paid out.

Doctor Candidate Referral Form

Form must be completed in its entirety. Do not leave any fields blank. Form must be emailed
PRIOR TO CONTRACTING to Info@EyeToEyeCareers.com

REFERRING INDIVIDUAL'S INFORMATION

Referring Individual's Name: _____

Title: _____ Cell Phone #: _____

Email Address: _____

I have read and understand the Doctor Candidate Referral Program Rules and have obtained permission from the candidate to share their information:

Signature

Date

CANDIDATE INFORMATION

Candidate's Name & Speciality: _____ Referral Date: _____

Cell #: _____

Personal Email Address (.edu not accepted) _____

Name of Current Practice OR Name of School and Grad Year (optional):

Area/City of Interest: _____

Relationship to Referring Individual: _____

FORM MUST BE EMAILED PRIOR TO CONTRACTING TO
INFO@EYETOEYECAREERS.COM