OFFER-STAGE CLOSING PROTOCOL · 2026

The Close — Getting Candidates to Accept

The 48-hour, 5–7 day offer protocol and objection-handling scripts for the last 96 hours of an FQHC search.

48 hrs	5–7 days	77–228	78%
Verbal offer window after final interview (industry best practice)	Firm written contract response window (creates urgency)	Days median time-to-hire by specialty (AAPPR 2024) — protect your investment	of MGMA leaders report increased recruiting time (MGMA, via Intelliworx)

After 90+ days of sourcing, screening, panel interviews, on-sites, and credentialing prep, the last 96 hours decide whether your investment converts. Candidates waffle at the finish, leverage your offer against a counter-offer, or go cold for reasons that have nothing to do with your facility. The protocol below minimizes drop-off at the offer stage.

The 48-Hour Verbal Offer Rule

If a candidate clears your panel and on-site, extend the verbal offer within 48 hours. Every additional day signals operational drift and gives competing offers room to enter the conversation. AAPPR's recruitment data — documenting median time-to-hire ranges of 77–228 days — consistently identifies candidate drop-off as a top-three driver of failed searches.

The 5-to-7 Day Written Contract Window

Leave written contracts open for a strict 5–7 days. An open-ended offer kills urgency and creates the impression that the position will remain available indefinitely. State the window clearly in the verbal offer and reinforce it in the contract email cover note.

> **WHY THIS WORKS**
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> Most candidate offer-stage drop-off is not because they have a better offer in hand — it's because they have not made a decision and your window lets them defer it indefinitely. A firm date with a clear deadline forces a decision and surfaces objections you can still address.

The Executive Welcome Call

Do not let HR deliver the contract via a cold template email. The written offer must be accompanied by a personal phone call from the CEO, CMO, or COO — someone with operational authority and clinical credibility. Use this script:

EXECUTIVE WELCOME CALL SCRIPT

"Dr. [Last Name], our executive team just approved your contract. I am calling you personally because your clinical perspective on wrap-around care is exactly what our [community / service area / patient population] needs. I want to welcome you to our medical home myself. The contract is in your inbox, and we have a firm [5/7]-day hold on this slot to keep our onboarding pipeline on schedule. What questions can I answer before you sign?"

Handling the Most Common Objections

"The base salary is lower than [Competitor]."

Pivot to the Total Rewards Look Book. NHSC LRP is tax-free; FTCA eliminates $4K–$20K in annual premium plus 150–300% tail at separation. Net cash to the provider is materially higher at the FQHC offer than at the competing private practice number. Walk them through the equivalency calculation.

"I need to think about it."

Ask: "What specifically are you weighing? I'd rather answer the real question now than have you wonder for five days." Most candidates have a single specific concern — spouse's employment, school district, patient panel structure, call schedule — that you can address directly. Don't close the call without surfacing it.

"I have another offer to consider."

Do not raise your number reflexively. Ask: "What about that offer is most attractive to you?" If it's base salary, run the equivalency. If it's schedule or location, you've identified the real driver and can decide whether to match. Counter-offering blind is how recruiting margins evaporate.

Post-Offer Engagement (The Forgotten Phase)

Most centers go silent between signed contract and start date — sometimes a 60–120 day gap during credentialing. That silence is when reneges happen. Maintain weekly contact during the gap:

- **Week 1:** Welcome email from CMO with practice team intros
- **Week 3:** NHSC LRP application status check; loan-repayment paperwork support
- **Week 5:** Patient panel preview; schedule template walkthrough
- **Week 7:** First-day logistics; relocation assistance status
- **Week 9:** Personal call from a current provider on the same team

SOURCES & FURTHER READING

Citations supporting this guide

Every statistic, regulation, and benchmark cited in this document is sourced from a primary authority — federal agencies (HRSA, NHSC, CMS), peer-reviewed journals, industry associations (AAFP, AMA, ADA, ADHA, APA, NACHC, MGMA, AAPPR), or named research reports. Links below allow you to verify any claim directly.

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https://www.healthcarefinancenews.com/news/trends-2025-future-physician-hiring

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3. Jackson Physician Search — Physician Recruitment Metrics: Analyzing Time-to-Hire
https://www.jacksonphysiciansearch.com/insights/physician-recruitment-metrics-analyzing-time-to-hire/

4. Intelliworx — Healthcare Recruiting Cost & Physician Turnover Trends 2025 (MGMA 78% recruiting time increase)
https://intelliworxit.com/blog/healthcare-recruiting-retention/

5. Viventium — Understanding Time to Hire and Time to Fill in Healthcare
https://viventium.com/resources/blog/understanding-time-to-fill-in-health-care

6. NHSC — Loan Repayment Program (tax-free; for closing math)
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7. HRSA Bureau of Primary Health Care — Federal Tort Claims Act (for closing math)
https://bphc.hrsa.gov/compliance/ftca/what-ftca

8. Chelle Law — Tail Insurance Cost for a Physician (150–300%)
https://chellelaw.com/physician-contract-review/medical-malpractice-insurance/how-much-does-tail-insurance-cost-for-a-physician/