



**NL Health
Services**

**Provincial Locum Recruitment Program
NL Health Services Locum Physician Incentive Form**

Locum Physician Information			
Physician Name			
Mailing Address			
Email Address			
Phone Number		Cell Number	
Discipline			
CPSNL Licence #	Licence Type	Effective Date	Expiry Date
Locum Employment Information			
Site Name(s)			
Site Address(es)			
Zone(s)			
Medical Services contact person			
Have you completed 25 or more in-person and on-site locum shifts between January 1, 2025 and March 31, 2025?		Yes	No



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Locum Dates:

Please list 25 in-person and on-site locum shifts (minimum 8 hours each) that took place between January 1, 2025, and March 31, 2025 (inclusive) - no exceptions.

- Only one shift will be considered per 24-hour period.
- Shifts completed after March 31, 2025, will not be accepted.

DATE	LOCATION	# OF HOURS
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.		

*This incentive will not be available to physicians that are part of Blended Capitation, as a similar incentive is offered under that program.



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DECLARATION BY APPLICANT

I certify that all information given on this application is complete and true to the best of my knowledge.

Applicant Signature: _____ Date: _____

COMPLETED APPLICATIONS CAN BE RETURNED VIA EMAIL TO:

Physician.Recruiter@NLhealthservices.ca

OFFICE USE ONLY

NLHS Medical Services has reviewed and confirmed all information given on this application is complete and true according to NLHS records.

Signature: _____ Date: _____