



**NL Health  
Services**

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

<b>Locum Physician Information</b>			
<b>Physician Name</b>			
<b>Mailing Address</b>			
<b>Email Address</b>			
<b>Phone Number</b>		<b>Cell Number</b>	
<b>Discipline</b>			
<b>CPSNL Licence #</b>	<b>Licence Type</b>	<b>Effective Date</b>	<b>Expiry Date</b>
<b>Locum Employment Information</b>			
<b>Site Name(s)</b>			
<b>Site Address(es)</b>			
<b>Zone(s)</b>			
<b>Medical Services contact person</b>			
<b>Have you completed 25 or more in-person and on-site locum shifts between April 1, 2025 and March 31, 2026?</b>	<b>Yes</b>	<b>No</b>	



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**Locum Dates:**

Please list 25 in-person and on-site locum shifts (minimum 8 hours each) that took place and March 31, 2026 (inclusive) - no exceptions.

- Only one shift will be considered per 24-hour period.
- Shifts completed prior to April 1, 2025 or after March 31, 2026, 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](mailto: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: \_\_\_\_\_