



**Provincial Locum Recruitment Program - Private Practice
Physician Incentive/Expense Form**

Locum Physician Information					
Physician Name		Vendor #		Provider #	
Mailing Address					
Practice Address (if different from mailing address)					
Daytime Phone Number		Fax Number			
E-mail Address					

Host Physician Information			
Physician Name			Provider #
Practice Address			
Daytime Phone Number		Fax Number	
E-mail Address			

Locum Dates	
FROM	TO
(DD/MM/YYYY)	(DD/MM/YYYY)

Type of Payment	Amount
Canadian Medical Protective Association costs, licensing and registration fees (out of province locums) (invoice required)	\$
Locum bonus of \$10,000 for physicians who provide >25 days of locum services per fiscal year	\$
Travel	\$
TOTAL	\$

All sections must be filled out if requesting travel reimbursement:

Travel (to be claimed and reimbursed semi-annually):

- \$250 for travel to and from the practice community of 200-400km or 2-4 hours.
- \$500 for travel to and from the practice community for >400km or >4 hours.

TRAVEL DETAILS			
Date	From	To	Kilometers
		Total:	

Additional information:

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:

Locums are required to be “on-site and in-person” to be eligible for Provincial Locum Recruitment Program incentives.

COMPLETED APPLICATIONS CAN BE RETURNED VIA MAIL OR EMAIL TO:

Medical Services Division
Department of Health and Community Services
1st Floor, West Block, Confederation Building
P.O. Box 8700, St. John's, NL A1B 4J6 2
MedServicesPrograms@gov.nl.ca