



## Provincial Locum Recruitment Program - Private Practice

### Physician Incentive/Expense Form

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

<b>Host Physician Information</b>					
<b>Physician Name</b>		<b>Provider #</b>			
<b>Practice Address</b>					
<b>Daytime Phone Number</b>		<b>Fax Number</b>			
<b>E-mail Address</b>					

<b>Locum Dates</b>					
<b>FROM</b>		<b>TO</b>			
			(DD/MM/YYYY)	(DD/MM/YYYY)	

<b>Type of Payment</b>	<b>Amount</b>
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	\$
<b>TOTAL</b>	\$

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.

<b>TRAVEL DETAILS</b>			
<b>Date</b>	<b>From</b>	<b>To</b>	<b>Kilometers</b>
			<b>Total:</b>

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

1<sup>st</sup> Floor, West Block, Confederation Building

P.O. Box 8700, St. John's, NL A1B 4J6

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[MedServicesPrograms@gov.nl.ca](mailto:MedServicesPrograms@gov.nl.ca)