



## Provincial Locum Recruitment Program - Private Practice

### Overhead Stipend 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
Overhead stipend of \$210/host physician/day for a maximum of 10 days per fiscal year (payable to the host practice, who will defray the overhead amount charged to the locum by \$210 per day)*	\$

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

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

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:

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