



Government of Newfoundland and Labrador
Department of Health & Community Services
Medical Services Division

Rural FFS Specialist Retention Bonus Application

PART I: To be completed by the claiming FFS specialist

Name: _____ MCP Provider Number: _____

Specialty: _____ Practice Location: _____

Bonus Period Start Date: _____ Bonus Period End Date: _____

Coverage and/or clinical services provided to NL Health Services and its patients:

Specialist Clinical Services

Service	Location	Frequency
Hospital On Call Coverage		
NLHS Supported Traveling Clinics		
In Patient Care		
Other Services: (NLHS Administrative Role)		
Other Services: ie Participation in an Hourly APP		

Specialist Signature _____ Date: _____

When completed, please forward to the VP of Medical Services for your zone.

PART II: To be completed by the VP of Medical Services, NL Health Services or Delegate.

Date granted NL Health Services Privileges: _____

Recommended by: _____ Date: _____

When completed, please email to Medical Services Division (medservicesprograms@gov.nl.ca).