

MCP Locum Declaration Form

Terms of Reference

A physician, before undertaking a locum tenens, will supply in writing to Provider Registration, the name and practice address of the physician(s) being replaced, along with the start and finish dates for the period of replacement. This also applies to locuming for a vacant position.

Name of Practice Physician	<hr/> <small>Please Print</small>
MCP Provider Number	<hr/>
Practice Address	<hr/>

Name of Locum Physician	<hr/> <small>Please Print</small>
MCP Provider Number	<hr/>
Locum Start Date	<hr/>
Locum End Date	<hr/>

Signature _____ Date _____
Practice Physician

Signature _____ Date _____
Locum Physician

Comments

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Please email completed form to ProviderRegistration@gov.nl.ca or fax to 709-729-5238

Privacy Notice

This information is being collected for the purpose of administering the Medical Care Plan (MCP) under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at ProviderRegistration@gov.nl.ca.