

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	_____
	Please Print
MCP Provider Number	_____
Practice Address	_____

Name of Locum Physician	_____
	Please Print
MCP Provider Number	_____
Locum Start Date	_____
Locum End Date	_____

Signature _____
Practice Physician

Date _____

Signature _____
Locum Physician

Date _____

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.