



**NL Health
Services**

**Provincial Locum Recruitment Program
NL Health Services Locum Physician Incentive Form**

Locum Physician Information			
Physician Name			
Mailing Address			
Email Address			
Phone Number		Cell Number	
Discipline			
CPSNL Licence #	Licence Type	Effective Date	Expiry Date
Locum Employment Information			
Site Name(s)			
Site Address(es)			
Zone(s)			
Medical Services contact person			
Have you completed 25 or more locum shifts between January 1, 2025 and March 31, 2025?	Yes	No	



Locum Dates:

Please list 25 locum shifts (minimum 8 hours each) that took place between January 1, 2025, and March 31, 2025 (inclusive) - no exceptions.

- Only one shift will be considered per 24-hour period.
- Shifts completed after March 31, 2025, will not be accepted.

DATE	LOCATION	# OF HOURS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

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



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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 EMAIL TO:

Physician.Recruiter@NLhealthservices.ca

OFFICE USE ONLY

NLHS Medical Services has reviewed and confirmed all information given on this application is complete and true according to NLHS records.

Signature: _____

Date: _____