



| 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 April 1, 2025 and March 31, 2026? | Yes | No | |



Locum Dates:

Please list 25 locum shifts (minimum 8 hours each) that took place between April 1, 2025, and March 31, 2026 (inclusive) - no exceptions.

- Only one shift will be considered per 24-hour period.
- Shifts completed prior to April 1, 2025 or after March 31, 2026, 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.



**NL Health
Services**

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

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: _____