



**Provincial Locum Recruitment Program - Private Practice**

**Physician Bonus / Expense Form**

<b>Locum Physician Information</b>			
<b>Physician Name</b>		<b>Provider #</b>	
<b>Mailing Address</b>			
<b>Practice Address (if different from mailing address)</b>			
<b>Daytime Phone Number</b>		<b>Fax Number</b>	
<b>E-mail Address</b>			

<b>Host Physician Information</b>			
<b>Physician Name</b>		<b>Provider #</b>	
<b>Practice Address</b>			
<b>Daytime Phone Number</b>		<b>Fax Number</b>	
<b>E-mail Address</b>			

<b>Locum Dates</b>	
<b>FROM</b>	<b>TO</b>
(DD/MM/YYYY)	(DD/MM/YYYY)

Type of Payment	Amount
Canadian Medical Protective Association costs, licensing and registration fees (out of province locums) (invoice required)	\$
Locum bonus of \$10,000 for physicians who provide >25 days of locum services per fiscal year	\$
Travel	\$
<b>TOTAL</b>	<b>\$</b>

