



This form can be submitted weekly or at the conclusion of your locum assignment.
Payments are processed in the middle and at the end of each month.
Please submit an application separately for travel expenses and travel honorarium, if applicable.

FORM MUST HAVE TWO SIGNATURES BEFORE SUBMITTING

Form with fields: LOCUM NAME, PRACTITIONER #, PAYMENT #, LOCUM TELEPHONE NUMBER, LOCUM EMAIL ADDRESS, LOCUM ASSIGNMENT FOR COMMUNITY OF, HOST PHYSICIAN

LOCUM DATES: FROM YYYY MM DD TO YYYY MM DD

CONFIRMED ENHANCED SKILLS (check all that apply)
IF REQUIRED BY THE HOSPITAL AND PROVIDED DURING ASSIGNMENT
[] OBSTETRICS / GYNECOLOGY [] EMERGENCY
[] GENERAL SURGERY [] ANAESTHESIA

PLEASE INDICATE DAYS SERVICE WAS PROVIDED

Table with columns: DAILY RATE As per contract, MONDAY DD/MM, TUESDAY DD/MM, WEDNESDAY DD/MM, THURSDAY DD/MM, FRIDAY DD/MM, SATURDAY DD/MM, SUNDAY DD/MM, TOTAL # OF DAYS. Includes a TOTAL row at the bottom.

Host Physician or Office Manager Signature

Locum Physician Signature

Send Application to:
Rural Locum Programs
Health Match BC
200 - 1333 W. Broadway
Vancouver BC V6H 4C6
Phone: 877 357-4757, Fax: 877 387-4757

The information on this form is collected under s.26(c) of the Freedom of Information and Protection of Privacy Act and will be used to place locum physicians as needed and to ensure continuous care for rural communities.

FOR RGPLP USE ONLY
E.S. ADJ. CODE \$
D.R. ADJ. CODE \$
INITIATED BY
DATE
VERIFIED BY
DATE
APPROVED BY (SPENDING AUTHORITY)
DATE
COMPLETED BY
DATE