

BC COLLEGE (CPSBC) ID NUMBER		MSP PRACTITIONER NUMBER		RESTRICTIONS (IF YES, SPECIFY) <input type="checkbox"/> YES <input type="checkbox"/> NO	
CMPA MEMBERSHIP NUMBER		AVAILABLE START DATE IN LOCUM PROGRAM (MM/DD/YYYY)			
NAME (FULL NAME)			EMAIL ADDRESS		
ADDRESS		CITY	PROVINCE	POSTAL CODE	
DAY PHONE NUMBER (INCLUDE AREA CODE)		EVENING PHONE NUMBER (INCLUDE AREA CODE)	MOBILE PHONE NUMBER (INCLUDE AREA CODE)	ALTERNATIVE PHONE NUMBER (INCLUDE AREA CODE)	
MEDICAL SCHOOL OF GRADUATE			CITY, PROV/COUNTRY		GRADUATION DATE (MM/YYYY)
WILLING TO PROVIDE SERVICES FOR (CHECK ALL THAT APPLY): <input type="checkbox"/> HOSPITAL <input type="checkbox"/> EMERGENCY / ON CALL <input type="checkbox"/> COMMUNITY / OFFICE <input type="checkbox"/> OBSTETRICAL <input type="checkbox"/> OTHER (SPECIFY)					
I HAVE TRAINING / ENHANCED SKILLS IN (CHECK ALL THAT APPLY): <input type="checkbox"/> OBSTETRICS <input type="checkbox"/> ANESTHESIA <input type="checkbox"/> SURGERY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER (SPECIFY)					
I HAVE CURRENT CERTIFICATION IN (PREFERRED BUT NOT MANDATORY):			ADDITIONAL COURSE CERTIFICATION		
<input type="checkbox"/> ACLS OR CAREBC <small>EXPIRY DATE (MM/DD/YYYY)</small>			<input type="checkbox"/> OTHER: <small>EXPIRY DATE (MM/DD/YYYY)</small>		
<input type="checkbox"/> ATLS <small>EXPIRY DATE (MM/DD/YYYY)</small>			<input type="checkbox"/> OTHER: <small>EXPIRY DATE (MM/DD/YYYY)</small>		
I MAINTAIN OR AM APPLYING FOR BC HEALTH AUTHORITY PRIVILEGES IN (CHECK ALL THAT APPLY): <input type="checkbox"/> NORTHERN HEALTH <input type="checkbox"/> INTERIOR HEALTH <input type="checkbox"/> ISLAND HEALTH <input type="checkbox"/> VANCOUVER COASTAL HEALTH <input type="checkbox"/> FRASER HEALTH <input type="checkbox"/> PROVINCIAL HEALTH SERVICES <input type="checkbox"/> I AGREE TO SHARE THIS INFORMATION WITH THE HEALTH AUTHORITY FOR THE PURPOSE OF FACILITATING HOSPITAL PRIVILEGES					
SIGNATURE				DATE SIGNED	

PLEASE ENCLOSE WITH THIS APPLICATION:

- Updated Curriculum Vitae
- Proof of your BC Medical License from the College of Physicians and Surgeons BC (CPSBC)
- Proof of CMPA malpractice liability coverage
Membership Update, go to https://www.cmpa-acpm.ca/login?p_p_id=58&p_p_lifecycle=0&_58_redirect=%2Fen%2Fproof-of-membership
- ACLS / Carebc, ATLS certification (preferred)

Locums for Rural BC administers the Rural Locum Programs on behalf of the Ministry of Health and Doctors of BC.

Please mail or fax applications to:

200 - 1333 West Broadway, Vancouver BC V6H 4C6
 Phone: 1 877 357-4757 **Fax: 1 877 387-4757**

The information on this form is collected under s.26(c) (e) 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. The Ministry of Health is collecting this information for the purpose of program evaluation. If you have any questions about the collection and use of this information, please contact the Locum Program Officer at 1-877-357-4757, or by mail at Locums for Rural BC 200 – 133 West Broadway, Vancouver BC V6H 4C6.

LOCUM OPPORTUNITIES

With only a short-term commitment, you can experience practice in rural settings and receive an attractive compensation package.

The Rural GP Locum Program (RGPLP), established by the Joint Standing Committee on Rural Issues, assists general practitioners and family practitioners working in approximately 70 small BC communities to secure subsidized vacation relief. Host physicians are entitled to 28 to 43 days of locum coverage per year depending on their community type (see chart below). The Rural GP Locum Program offers locum assignments under the Weekend Coverage Component, the 5 Days or Over Component, or both – you tell us what you are available for.

INTERESTED...NEED MORE INFORMATION?

Locums for Rural BC
Health Match BC
200 - 1333 West Broadway
Vancouver BC V6H 4C6

Tel: 877 357-4757
Fax: 877 387-4757
Website: locumsruralbc.ca

Email: info@locumsruralbc.ca

email is for inquiries only - do NOT send applications via email

RSA communities with 7 or less physicians can be served by the Program.

THE COMPENSATION PACKAGE

- A guaranteed daily rate based on the community's level of isolation (see chart below) for each day you are on assignment under the 5 Days or Over Component of the program – including any scheduled–“on call” days.
- A guaranteed weekend rate for 18:00 Friday to 08:00 Monday under the Weekend Coverage Component of the program.
- All travel expenses to and from your assignment, plus an honorarium of up to \$600 per return trip based on your travel time.
- A stipend of \$50 to \$100 may be paid to locums who are able to provide enhanced skills in any one of: Obstetrics, ER, General Surgery or Anaesthesia, where requested and normally provided by a host physician and required by the rural hospital.

OTHER BENEFITS

- No payment hassles – you will receive payment from the Medical Services Plan the middle and end of each month.
- Responsibility for submitting claims to the Medical Services Plan rests with the office of the physician you are replacing. Health Match does not arrange.
- Our helpful staff arranges all of your assignments and assists you with your hospital privileges, in collaboration with health authorities.
- Your travel needs and accommodations while on assignment will be arranged by our staff, and/or the physician you are replacing, based on government rates and community designation.
- Where applicable, you are eligible to receive payment for on-call MOCAP from the Health Authority/Host Physician.
- You will be retained as an independent contractor with the Program – not as an employee.

QUALIFICATIONS

- Eligible to practise in BC.
- A resident of BC through the duration of the locum assignment.
- A member in good standing of the Canadian Medical Protective Association or be covered by alternative medical malpractice insurance in British Columbia.
- Current certificate in Advanced Cardiac Life Support (ACLS) or CAREbc, and certificate in Advanced Trauma Life Support (ATLS) is preferred but not mandatory.

COMMUNITY TYPE	ELIGIBLE DAYS OF COVERAGE	DAILY RATE	WEEKEND RATE
A	43	\$900	\$2,450
B	38	\$850	\$2,300
C	33	\$800	\$2,150
D	28	\$750	\$2,000