

*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.*

LOCUM FULL NAME (FIRST, LAST)		MSP PRACTITIONER #	MSP PAYMENT #
LOCUM TELEPHONE NUMBER AND WITH AREA CODE	LOCUM EMAIL ADDRESS		
LOCUM ASSIGNMENT FOR COMMUNITY OF		HOST PHYSICIAN FULL NAME (FIRST, LAST)	
SPECIALTY	<input type="checkbox"/> OFFICE BASED ASSIGNMENT <input type="checkbox"/> HOSPITAL-BASED ASSIGNMENT		

LOCUM DATES	
FROM YYYY MM DD	TO YYYY MM DD

FOR PAYMENT OF TRAVEL TIME HONORARIUM (Please complete in detail)					
DATE	OUTBOUND - TRAVEL FROM HOME	DEPARTURE TIME	TO COMMUNITY	ARRIVAL TIME	TOTAL HOURS
DATE	INBOUND - TRAVEL FROM COMMUNITY	DEPARTURE TIME	TO HOME	ARRIVAL TIME	TOTAL HOURS

PLEASE INDICATE DAYS SERVICE WAS PROVIDED

DAILY RATE							
MONDAY DD / MM	TUESDAY DD / MM	WEDNESDAY DD / MM	THURSDAY DD / MM	FRIDAY DD / MM	SATURDAY DD / MM	SUNDAY DD / MM	TOTAL # OF DAYS
TOTAL							

FOR RSLP USE ONLY	
ADJ. CODE	\$
ADJ. CODE	\$
INITIATED BY	
DATE	
VERIFIED BY	
DATE	
APPROVED BY (SPENDING AUTHORITY)	
DATE	
COMPLETED BY	
DATE	

LOCUM PHYSICIAN SIGNATURE

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 purposes of administering and evaluating the program. 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.