



**NL Health
Services**

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

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 in-person and on-site locum shifts between April 1, 2026 and March 31, 2027?	Yes	No	



Locum Dates:

Please list 25 in-person and on-site locum shifts (min. 8 hours) that took place between April 1, 2026 and March 31, 2027 (inclusive) - no exceptions. Please submit the schedules corresponding to the listed shifts.

- Only one shift will be considered per 24-hour period.
- Shifts completed prior to April 1, 2026 or after March 31, 2027, will not be accepted.
- Applications will not be processed without required proof of completed shifts.

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.



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: _____

Checklist:

- 1. All submitted shifts are **at least 8 hours in duration.**
- 2. All submitted shifts were **completed in person at an NLHS facility; virtual shifts are not eligible.**
- 3. Corresponding schedules for all submitted shifts are **included with the application.**

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: _____
Physician Recruiter

Signature: _____ Date: _____
Director of Physician Recruitment