

LOCUM PHYSICIAN INFORMATION

Physician Name			
Specialty			
Mailing Address			
Practice Address (if different from mailing address)			
Daytime Phone Number		Fax Number	
E-mail Address			
Preferred Payment Option	<input type="checkbox"/> Guaranteed Daily Rate <input type="checkbox"/> Fee for Service		

HOST DHA INFORMATION

DHA	
Hospital/specialty service	
Physician being covered	

Signature of Chief of Staff

Date

LOCUM INFORMATION

Dates	
Locum services	<input type="checkbox"/> Call: Schedule <input type="checkbox"/> Office Practice <input type="checkbox"/> Other (please detail):

Signed Application forms to be submitted to the attention of Heather Coady, as follows:

Fax: (902) 424-1740
Email: heather.coady@gov.ns.ca

Mail: Department of Health and Wellness
Physician Services Branch
Post Office Box 488
Halifax, NS B3J 2R8

Delivery Address:

Department of Health and Wellness
Physician Services Branch
1690 Hollis St.
Halifax, NS B3J 3J9

Department of Health and Wellness Internal Use Only

Approved		Date	
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