

**LOCUM PHYSICIAN INFORMATION**

|  |   |            |  |
|--|---|------------|--|
| Physician Name                                       |   |            |  |
| 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 PHYSICIAN INFORMATION**

|  |  |              |  |
|--|--|--------------|--|
| Physician Name                         |  | CPSNS Reg. # |  |
| Practice Address                       |  |              |  |
| Overhead payee if different from above |  |              |  |

\_\_\_\_\_  
Signature of Host Physician

\_\_\_\_\_  
Date

**LOCUM INFORMATION**

|                |  |  |  |
|----------------|--|--|--|
| Dates          |  |  |  |
| Locum services | <input type="checkbox"/> Office Practice <input type="checkbox"/> Call:<br>Schedule<br><br><input type="checkbox"/> Emergency Department Coverage<br>Schedule: |  |  |

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 |  |
|----------|--|------|--|