

PROVINCIAL LOCUM PROGRAM
Application for Specialist Locum
Effective July 1, 2010

LOCUM PHYSICIAN INFORMATION

Physician Name		CPSNS Reg #		MSI Provider #	
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				

Locum Physician Signature

Date

HOST DHA INFORMATION

DHA					
Hospital/specialty service				Submitter ID	
Physician being covered				MSI Provider #	
Daytime Phone Number		Fax Number			
E-mail Address					

LOCUM SERVICES

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

Host DHA Chief of Staff Signature

Date

Signed Application forms to be submitted to the attention of MSI, as follows:
Fax: (902) 496-3060 (toll free: 1-855-350-3060) or Email: Locumprogram@medavie.ca

Mail: MSI – Locum Program
P.O. Box 500
Halifax, NS B3J 2S1

Delivery Address: MSI – Locum Program
230 Brownlow Ave.
Dartmouth, NS B3B 0G5

MSI Internal Use Only:

Approved		Date	
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