

Application to the Locum Support Program

No phone/tablet images please (these print/copy poorly for recordkeeping)
SEND ONLY PHOTOCOPIES or FLATBED/SHEET-FED SCANS

Your Name

Your Email Address

REIMBURSABLES (RECEIPTS REQUIRED)

Air Travel

Checked Baggage Fees – first checked bag only

Accommodation

Vehicle Rental

Yukon Registration and License fees

Certificate(s) of Professional Conduct

TOTAL

Any Additional Notes

Payment made to:

(Professional Corporation name, if you have one)

Mailing address:

(please print)

Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from www.yukondoctors.com.

LSF Contract Checklist - Authorized Expenses - Check Yes or No box for EACH ITEM

Reimbursables (see guidelines)

YES NO

Air/Ground Travel Reimbursement (includes 1 checked bag fee per flight)

Accommodation Rent (indicate below if there is cap to this)

Alternative Accommodation Arrangement (must be pre-approved)

Vehicle Rental

Alternative Transportation Arrangement (cab, bicycle, etc).

Yukon Medical Council (YMC) Registration, FN 101 and License Fees

Certificate(s) of Professional Conduct

Additional notes or restrictions

The following resident physician(s) are having their practice covered by this locum physician:

Physician(s)	Dates of Coverage
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Name (please print)

Resident Physician/Clinic Manager

Name (please print)

Locum Physician

Signature

Resident Physician/Clinic Manager

Signature

Locum Physician

Date

Date