LOCUM COVERAGE AGREEMENT

Resident Physician / Clinic and Locum Physician

This agreement records the terms agreed between the Yukon resident physician/clinic and the locum physician for temporary practice coverage and identifies reimbursement items that may be claimed through the Locum Support Fund, subject to applicable program guidelines.

1. PARTIES AND COVERAGE

Resident Physician / Clinic Name

Locum Physician Name

Clinic / Practice (if applicable)

Community

Coverage Start Date

Coverage End Date

Yukon Practice / Service Covered

Resident physician(s) whose practice is being covered

2. AGREED TERMS

1. The parties confirm that the locum physician will provide temporary coverage for the period and practice/service identified above.
2. Eligible expenses will be reimbursed only in accordance with the Locum Support Fund guidelines and supporting documentation requirements in effect at the time of the claim.
3. Except where an expense is identified as automatically eligible under program rules, the parties will indicate below whether each reimbursement item forms part of this agreement.
4. Additional restrictions, caps, or special arrangements agreed by the parties must be recorded in the Additional Terms / Restrictions field on page 2.

YMA Societal Dues

YMA Societal Dues are an eligible reimbursement under all locum reimbursement claims, regardless of the type of locum agreement. Payment of YMA Societal Dues is mandatory effective January 1, 2026 under An Act Respecting the Yukon Medical Association (Bill 310).

SCHEDULE A - AUTHORIZED REIMBURSEMENTS

Complete Yes or No for each negotiable item. See current Locum Support Fund guidelines.

YES	NO	REIMBURSEMENT ITEM
☐	☐	Air / Ground Travel Reimbursement (includes one checked bag fee per flight)
☐	☐	Accommodation Rent (indicate any agreed cap below)
☐	☐	Alternative Accommodation Arrangement (must be pre-approved)
☐	☐	Vehicle Rental
☐	☐	Alternative Transportation Arrangement (taxi, bicycle, rideshare, etc.)
☐	☐	Yukon Medical Council (YMC) Registration, Yukon First Nations 101, and Licensing Fees
☐	☐	Certificate(s) of Professional Conduct

AUTOMATICALLY ELIGIBLE - YMA SOCIETAL DUES

Reimbursable for all locum reimbursement claims regardless of locum agreement type. Mandatory effective January 1, 2026 under An Act Respecting the Yukon Medical Association (Bill 310).

3. ADDITIONAL TERMS / RESTRICTIONS

4. ACKNOWLEDGEMENT AND AGREEMENT

By signing below, each party confirms that they have reviewed this agreement, that the coverage information and reimbursement selections are accurate, and that they agree to the terms recorded above. Reimbursement remains subject to applicable Locum Support Fund eligibility requirements, documentation requirements, and program limits.

Resident Physician / Clinic Representative

Signature

Date

Locum Physician

Signature

Date

Locum Support Fund - Coverage Calendar

This form must have two signatures prior to submission.
Please complete **one form for each physician you covered** during your locum contract.
Include **only the days on which you billed for medical services while covering the physician's practice.**

Locum Name _____

Resident Physician covered _____

Week of Locum	Monday month / day	Tuesday month / day	Wednesday month / day	Thursday month / day	Friday month / day	Saturday	Sunday
1							
2							
3							
4							
5							
6							

_____
PRINT NAME Resident Physician/Clinic Manager

_____
SIGNATURE Resident Physician/Clinic Manager

_____
PRINT NAME Locum Physician

_____
SIGNATURE Locum Physician

No phone/tablet images please
(these print/copy poorly for recordkeeping)

Send only photocopies or
flatbed/sheet-fed scans