

Locum Support Program

The Locum Support Program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Yukon Government (YG). The purpose of this program is to assist physicians who reside and practice in the Yukon with expenses incurred in securing locum services to cover their practices.

Locum Contracts

The resident physician/clinic and locum physician will negotiate the terms of the locum contract. Please ensure you sign-off, with the resident physician/clinic representative, the Locum Contract Checklist (included). The program will reimburse eligible expenses, but only if the eligible expense is authorized by the resident physician/clinic.

Receipts

Keep your original receipts for income tax purposes and send copies with the application.

Copies of Documents

Send only photocopies, flatbed or sheet-fed scans of actual receipts. Do not submit smartphone or tablet images/scans of paperwork as they are of poor quality for printing and record keeping.

Clinic Overhead

This is not a reimbursable locum expense under the Locum Support Fund.

Usual and Reasonable Expenses eligible for Reimbursement

Reimbursement of any of these expenses is not guaranteed under this program. You must negotiate with the resident physician which expenses will be reimbursed. Signing the Locum Contract Checklist indicates that you agree with the terms.

These are airfare, checked baggage fee, local accommodation, local vehicle rental, licensing expenses. Expense claims do not extend to spouses, family members or dependents.

- Air Travel > Only advance-booked, economy-class tickets will be reimbursed, to a maximum of the equivalent of an Air Canada flex fare. Only the most direct routing will be reimbursed. Only one round-trip flight will be reimbursed.
- Ground Travel > Should a locum physician drive to and from the Yukon for work they will receive the dollar value of an equidistance economy flex Air Canada fare. Receipts for ground travel do not need to be submitted for reimbursement. **NOTE: An example airfare will be generated by the Fund Manager, using standard criteria, on receipt of the Locum Support Fund application.** Reimbursement for taxi fare to and from the airport may also be included, if negotiated with the resident physician.

- Local Vehicle Rental > If a vehicle rental is required for work, commercial rental vehicle charges for locums are reimbursable, with the following stipulations:
 - Excess mileage charges will not be reimbursed.
 - The reimbursable period is for the span of the locum contract, plus 2 days prior to starting and 2 days following completion of the contract.
 - The maximum reimbursement for a daily rental charge will be limited to \$90. This includes insurance charges, concession fee recovery and other billable charges.
 - any variations from the above will be dealt with on a case-by-case basis, and only with pre-approval. For example, a locum coming with a family that requires a larger vehicle.
 - Rental fees charged for private vehicles will not be reimbursed.
 - In lieu of a rental car, bicycle rental from a rental company and/ or taxi or drive share equivalent will be reimbursable to a maximum of \$90/day (same as for rental vehicle)

- Accommodation > Reimbursement for rent is capped at \$175 per night and \$5,000 for 31-day span. This cap is inclusive of utilities, phone, internet, cable, condo fees, cleaning fees, etc. Reimbursement for alternative housing arrangement (private housing) will be applicable to a cap of \$50 per day and must be pre-arranged with the resident physician and pre-approved by the Fund Manager.

- Accommodation Receipts – all receipts must include the following information:
 - Renter’s name
 - Rental address
 - Check in date
 - Check out date
 - Rent amount
 - \$0.00 balance owing
 - Method of payment

- Licensing Expenses > The following items are reimbursable - **if authorized under the contract checklist** - with submission of receipts:
 - Yukon Medical Council (YMC) registration and licensing fee
 - Certificate(s) of Professional Conduct
 - First Nations 101 training webinar
 - **NOTE:** registration and licensing fees for **professional corporations** are not eligible expenses under this program.

Payment by Direct Deposit

Under this program all reimbursement payments are made directly to the locum physician or their professional corporation. Please send either of the following for setting up payment via direct deposit:

- a direct deposit document downloaded from your bank site, OR
- a good quality smartphone image of a void cheque

Submission of Application

Completed applications, with receipts, to be **submitted by email** to the following address:
fund@yukondoctors.ca

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

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)

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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

Name (please print)

Resident Physician/Clinic Manager

Name (please print)

Locum Physician

Signature

Resident Physician/Clinic Manager

Signature

Locum Physician

Date

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

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