



Application to Acquire Locum Service

RURAL FAMILY MEDICINE LOCUM PROGRAM (RFMLP)

SECTION A: APPLICANT INFORMATION

New locum request

Updated locum request

Rural Physician Name: _____	
Community: _____	
Contact Name: _____	Telephone: _____
Email: _____	Reason for Request: _____

SECTION B: LOCUM PHYSICIAN INFORMATION

Locum Physician Name: _____		
CPSO #: _____	OHIP Billing # (if applicable): _____	
If physician is new to practice in your community, please complete the following. Please also ensure locum physician submits Banking Form to RFMLP before the locum assignment.		
Base/Home Address: _____	City: _____	
Province: _____	Postal Code: _____	Telephone#: _____
Email: _____		

An RFMLP administered locum assignment will be requested in advance by the participating rural physician via this application. Requests can be submitted to a maximum of 3 months in advance, but must be received a minimum of 2 weeks prior to the locum assignment start date (any applications received within 2 weeks of the locum start date, may not be approved in time for the locum period, and therefore delay locum physician payments). All applicable fields including specific dates for clinic and on-call days must be included on the application. Failure to include all physician details or locum dates may delay assignment processing.



SECTION C: REQUESTED LOCUM ASSIGNMENT DETAILS

Total # Requested <u>Clinic Days</u> :	Specific <u>Clinic Days</u> :	
Total # Requested <u>On-Call Days</u> :	Specific <u>On-Call Days</u> :	
In addition to clinic, type(s) of services the physician will provide during the locum assignment:	Emergency Department Long-Term Care In-Patient	Anaesthesia Obstetrics Other: _____
FOR RNPGA COMMUNITIES ONLY Please list any eligible adjacent Underserved Area Program (UAP) vacancy days (if applicable)	Specific RNPGA UAP Vacancy Days:	

SEND COMPLETED APPLICATION TO: rfmlp@ontariohealth.ca

<u>FOR OFFICE USE ONLY</u>
RFMLP Assignment #:
Reference #:
Contract (Long) #:
Verified By:
Processed Date:
Confirmed Eligible Days:
Remaining Entitlement Days:

Notice of Collection: Ontario Health collects your personal information under the authority of the Connecting Care Act, 2019, Section 6. All information collected on this form may be used as necessary by Ontario Health for the proper administration of the government-funded Recruitment and Retention Programs, including assessing your eligibility to participate in and receive payment from these programs. The information on this form may also be used by Ontario Health and/or the Ministry of Health for the proper financial administration of these programs, and for conducting research and evaluating program parameters. If you require further information about the collection by Ontario Health, please contact rfmlp@ontariohealth.ca