

Application For Northern Specialist Locum Programs

PHYSICIAN INFORMATION:

First Name: _____ Last Name: _____
CPSO Number: _____ OHIP Billing Number: _____
Specialty: _____
Corporation Name (if applicable): _____
Email Address: _____
Location of First Locum Assignment: _____

CONTACT INFORMATION:

BASE PRACTICE
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____

HOME
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____

Please note: travel reimbursement through NSLP is eligible from a physician's home/base practice only, please ensure correct address is listed.

MAILING
 Same as base practice address Same as home address
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____

To be eligible to participate with NSLP, the following requirements must be met:

- 1. Registered with the CPSO
- 2. Registered with the RCPSC; or CFPC (if approved GP specialty)
- 3. Medical practice protection coverage, i.e. CMPA
- 4. Hospital privileges
- 5. Active OHIP billing number

For further information on eligibility requirements and reimbursement please visit our website at www.healthforceontario.ca/locums

HealthForceOntario Marketing and Recruitment Agency (HFO MRA) retains the right to accept or decline the application of any applicant for this program. If you require further information about this please contact us at: HealthForceOntario Marketing and Recruitment Agency, 163 Queen St. East, Toronto, Ontario M5A 1S1. Tel: 416-862-2200 or 1-800-596-4046, Fax: 416-874-4075 or 1-866-535-2694.

Signed Confirmation of Banking Form and void cheque included.

Signature	Date
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Please submit this form to:

Northern Specialist Locum Programs
 163 Queen St. East, Toronto, ON M5A 1S1
 Email: norspec@healthforceontario.ca
 Fax: 1-866-535-2694

Available in accessible format upon request: www.HealthForceOntario.ca/acs

Notice of Collection: HealthForceOntario Marketing and Recruitment Agency collects your personal information under the authority of the Development Corporations Act, Ontario Regulation 249/07, section 3. All information collected on this form may be used as necessary by HealthForceOntario Marketing and Recruitment Agency 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 HealthForceOntario Marketing and Recruitment Agency and/or the Ministry of Health and Long-Term Care 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 HealthForceOntario Marketing and Recruitment Agency, please contact: the Information Coordinator at HealthForceOntario Marketing and Recruitment Agency at 163 Queen Street East, Toronto, ON, M5A 1S1, or 416-862-2200 / 1-800-596-4046. If you require further information about the collection by the Ministry, please contact: the Director of the Health Sector Labour Market Policy Branch, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care at 56 Wellesley Street West, 12th Floor, Toronto, ON, M5S 2S3, or 416-212-0873.