

REQUEST FOR LOCUM COVERAGE

This form is only to be used to request privileges not to exceed 84 days in a 12 month period by providers who have already undergone full credentialing and privileging within Fraser Health.

Coverage by Locum Tenens staff is only permitted for vacation, Board approved leave of absence or prolonged illness. (If request is to cover for illness, the LDH may complete the form)

A minimum of 2 weeks is required for processing this form, once providers complete information has been received.

PERSONAL INFORMATION			
Full Legal Name:	MSP Number:	Primary Email Address:	
LICENSURE & MALPRACTICE INFORMATION			
BC College License #:	License Type:	Malpractice Insurance Policy Number:	Code:
APPLICATION DETAILS			
Site(s) of coverage: Primary Site: Other Site(s):	Department:		Division:
Name of the Medical Staff Member Requesting Coverage:		Dates Requested: Start: _____ End: _____	
Provide details for the request below:			
Admitting Privileges required: Yes No Date of last State covered:			
Coverage of Clinics required: Yes No Date of last Clinic covered:			
<i>In the space provided, include reason coverage is required, dates office closed (if any), dates rostered for Call coverage:</i>			
<i>Note: Members may not be appointed solely for the purpose of covering the call shifts of a Provisional/Active Member, however coverage for call shifts may be a part of the need that they are addressing as part of their appointment.</i>			

_____	_____	_____	_____
Applicant Signature	Date	Signature of Member Requesting Locum <i>(if applicable)</i>	Date

APPROVAL			
By signing below, I am indicating approval for the request as detailed above.			
<i>Additional Notes:</i>			
Local Department Head _____			
Department	Leader Name	Signature	Date