Medical Affairs, Credentialing & Privileging Office
Fraser Health Authority
#400, 13450 – 102 Avenue Surrey, BC V3T 0H1
Fax: (604) 523-8874 credentials.office@fraserhealth.ca

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 Slate covered:

Coverage of Clinics required: ☐ Yes ☐ No Date of last Clinic covered:

In the space provided, include dates office closed if any, dates rostered for Call coverage and reason coverage is required:

Applicant Signature	Date	Signature of Member Requesting Locum *(if applicable)*	Date

APPLICANT: Once this form has been completed in full and signed by the Medical Staff member requesting the coverage, we recommend you forward the form directly to your Local Department Head for review.

APPROVAL

By signing below, I am indicating approval for the request as detailed above.

Additional Notes:

Local Department Head

Site	Leader Name	Signature	Date