

MCP Locum Documentation/Declaration

Terms of Reference

A physician, before undertaking a locum tenens, will supply in writing to MCP, the name and practice address of the physician(s) being replaced, along with the start and finish dates for the period of replacement.

To be completed, signed and returned to MCP before commencement of the locum arrangement

Name of **Practice** Physician: _____
(Please Print)

MCP Provider Number: _____

Practice Address: _____

Name of **Locum** Physician: _____
(Please Print)

MCP Provider Number: _____

Locum Start Date: _____

Locum Finish Date: _____

Signature of **Practice** Physician

Date

Signature of **Locum** Physician

Date

COMMENTS

Privacy Notice

Under the authority of the *Medical Care Insurance Act, 1999*, personal information is collected in order to administer the Medical Care Plan (MCP). This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy Act (ATIPP)*. Any questions or comments can be directed to Brian Bennett, Manager of Physician Services, Department of Health and Community Services, at (709) 729-3148 or BrianDBennett@gov.nl.ca.

