



Locum Application

Please attach a current list of references

Contact Information		
Name:		
Email:		
Phone/Cell:		
Post-Graduate Training and Work History	Yes	No
Do you have your Certificate of the College of Family Physicians (CCFP)?		
Are you currently licensed to practice medicine in another jurisdiction in Canada? If yes, please provide additional information.		
Are you currently licensed to practice medicine in another country outside Canada? If yes, please provide additional information.		
Are you aware of any issues that may affect your ability to obtain a letter(s) of good standing from any jurisdictions where you have previously practiced?		
Service Provision		
Are you interested in providing locum coverage in a rural community?		
Are you interested in providing primary care obstetrics services, including deliveries?		
Are you interested in working in an emergency room setting?		
Are you interested in working in a rural hospital setting?		
Are you interested in providing locum coverage in a Family Practice setting?		
Are you interested in providing locum coverage in a Walk-in Clinic setting?		
Are you interested in providing Medevac on-call services?		
Locum Coverage – Please Select All That Apply		
Short Term (2 – 8 weeks)		
Long Term (2 – 6 months)		
Rural (Dawson City, Watson Lake, Mayo)		
Whitehorse		