PROVINCIAL MEDICAL ADMINISTRATION OFFICE

REQUEST to ENGAGE

MEDICAL STAFF LOCUM or TERM STAFF MEMBER

SUBMITTER: NAME:______________________________ Email:____

To be completed by Specialty Administration when engaging a physician to provide a coverage for a defined period of time of less than one year within a Regional Health Authority

DEFINITIONS		Start Date	End Date
Locum Appointment (< six months)	☐		
Term Appointment (> six months - < one year)	☐		

HEALTH AUTHORITY			
☐ Shared Health	WRHA	☐ BOTH	
Site(s) where service is to be provided			
SHARED HEALTH SITE			
HSC General	HSC Children's	HSC Women's	HSC Rehab/Resp

WRHA HOSPITALS				WRHA ACCESS CENTRES /COMMUNITY SITES			
☐	Concordia Hospital	☐	Riverview Health Centre	☐	Downtown	☐	Winnipeg West
☐	Deer Lodge Centre	☐	Seven Oaks General Hospital	☐	Fort Garry	☐	Aikins Community Health Clinic
☐	Grace Hospital	☐	St. Boniface Hospital	☐	NorWest	☐	Corydon Community Health Clinic
☐	Misericordia Health Centre	☐	Victoria General Hospital	☐	RiverEast	☐	
☐	Pan Am Clinic			☐	Transcona	☐	
What are the reasons for engaging the Locum? Please explain:							

CANDIDATE'S INFORMATION

Last Name: First Name: Initials:

Manitoba Resident? ☐ Yes ☐ No

If No, and coming from Out of Province, please identify current location:

Will Candidate be providing Locum services on a continuous basis during the Locum period? ☐ Yes ☐ No

If No, please provide explanation

PMAO Ref#___________

RESOURCES REQUIRED

Is Candidate receiving Medical Remuneration?	☐ Yes ☐ No
If YES, please identify source of remuneration	
Is Candidate receiving Fee for Service?	☐ Yes ☐ No
Are there any infrastructure resources needed? (For example, clinics, OR time or supplies, etc.)	☐ Yes ☐ No

OUT OF TOWN CANDIDATE:

Will Program/Department be responsible for any of the following:

Accommodation ☐ Yes ☐ No	**Food** ☐ Yes ☐ No	**Travel** ☐ Yes ☐ No
MB License ☐ Yes ☐ No	Other Please explain	

If you answered Yes to any of the options above, please identify source for payment of expenses:

SPECIALTY (DEPARTMENT) SIGNATURES

(We the undersigned, herby confirm the information provided on this form is complete and accurate

Specialty Lead Signature Date

Business Lead Signature Date

The information provided and the approval a defined period of time only. Should a Specialty/Department wish to reclassify a position to a permanent staff position, the Request to Recruit process for all vacancies must be followed.

RHA APPROVAL for the time period identified above. (Only sign if applicable to your RHA)

ON behalf of Shared Health Date

On behalf of WRHA Date

PMAO REF#________________