Provincial Health Services Authority

REQUEST FOR LOCUM COVERAGE

Credentialing & Privileging Operations, Provincial Health Services Authority
Suite 200 – 1333 West Broadway Vancouver, BC V6H 1G9
Fax: (604) 297-9902 Email: credentialing@phsa.ca

This form is to be used to request Locum privileges for a specific time frame, by providers who have completed an initial application to the PHSA Medical Staff. If this is the initial request, or a request to extend beyond 12 months, this form may not be applicable. To confirm, please contact credentialing@phsa.ca

PERSONAL INFORMATION	
Name:	MSP Billing #:
Primary Email:	

LICENSURE & MALPRACTICE INFORMATION			
BC College License #	**License Type**	**CMPA Member Number**	**Code:**

REQUEST DETAILS		
PHSA Agency	**Department**	**Division** (*if applicable*)
Name of Medical Staff Member Requesting coverage:	**Dates Requested**	
	From: To:	
Please provide details for the request:		

Applicant Signature	Date	Medical Staff Member Requesting Locum	Date

LEADER APPROVAL

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

Division Head	Division	Leader Name	Date	Signature
Department Head / Medical Director	Department	Leader Name	Date	Signature