



AMA Physician  
Locum Services

12230 106 Ave NW  
Edmonton AB T5N 3Z1

T 780.482.2626  
F 780.732.3361  
TF 1.800.272.9680

**AMA PHYSICIAN LOCUM SERVICES  
RURAL LOCUM PROGRAM APPLICATION FORM**  
*please type or print*

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Residence address \_\_\_\_\_  
\_\_\_\_\_

Professional/alternate address \_\_\_\_\_  
\_\_\_\_\_

Residence telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email address \_\_\_\_\_

PRAC ID#: \_\_\_\_\_ AMA Member: **Yes** **No**

Are you a Canadian Citizen or Permanent Resident of Canada? **Yes** **No**  
If you answered No, are you eligible to work in Canada? **Yes** **No**

Please provide a copy of your valid work permit and state the expiry date (m/d/yy): \_\_\_\_\_

Application for: **Regular locum program** **Weekend locum coverage:**

Proposed starting date of applicant's contract with the AMA Physician Locum Services (m/d/yy): \_\_\_\_\_

**References (please include three professional references, one of which must be either your preceptor/program director, chief of staff of your hospital or medical director of the region/zone/district in which you work):**

(1)	(2)	(3)
_____	_____	_____
name	name	name
_____	_____	_____
address	address	address
_____	_____	_____
city/province	city/province	city/province
_____	_____	_____
postal code	postal code	postal code
_____	_____	_____
telephone	telephone	telephone
_____	_____	_____
fax	fax	fax
_____	_____	_____
email	email	email

**Please answer the following questions:**

Have you ever applied for medical staff privileges and been denied? **Yes No**

If "Yes," please describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined as a result of a malpractice suit? **Yes No**

If "Yes," please describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever had your medical staff privileges denied, revoked, suspended or limited (other than for non-completion of medical records) by a hospital, regional health authority or provincial medical regulatory body? **Yes No**

If "Yes," please describe \_\_\_\_\_  
\_\_\_\_\_

The information included in this application is accurate and complete.

\_\_\_\_\_  
Date (m/d/yy) Signature of physician  
\*\*\*\*\*

**Release of Liability and Practitioner Statement for Credentialing and Privileging**

I authorize and consent to representatives of the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, Alberta Health Services and faculties of medicine, providing in good faith and without malice, information including otherwise privileged or confidential information for the proper evaluation of my professional competence required for contracting with the Alberta Medical Association to provide locum services in rural Alberta.

\_\_\_\_\_  
Date (m/d/yy) Signature of physician

**Please include with this application form:**

- Your CV (**curriculum vitae**) which includes:
  - ✓ A list of your continuing professional development activities within the past five years
  - ✓ A description of your recent clinical practice and a statement as to whether you restrict your practice, and if so, how? Specifically, do you take emergency call for your specialty and look after the entire range of patient problems and diseases within your specialty.
- Photocopy of CPSA "Practice Permit" and Registration Understanding & Acknowledgement
- Photocopy of CCFP Certification (if held)
- Photocopy of ATLS (current or past) and ACLS (current)
- Photocopy of current CMPA Membership Update
- Original AHS Security Record Check (i.e. Criminal Record Check - "Vulnerable Sector Check"); obtainable at RCMP or local city police detachment; cost to be reimbursed upon first assignment
- Photocopy of Alberta Health Services (AHS) Medical Staff Appointment Letter (if held) (more information: <http://www.albertahealthservices.ca/7086.asp>)

**Send completed application to:**

**Barry Brayshaw, Director**  
**AMA Physician Locum Services 12230 106 Ave NW,**  
**EDMONTON AB, T5N 3Z1**  
**Fax: 780.732.3361 or E-Mail: [barry.brayshaw@albertadoctors.org](mailto:barry.brayshaw@albertadoctors.org)**