

## Locum Support Program

The Locum Support Program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Yukon Government (YG). The purpose of this program is to assist physicians who reside and practice in the Yukon with expenses incurred in securing locum services to cover their practices.

### Locum Contracts

The resident physician/clinic and locum physician will negotiate the terms of the locum contract. Please ensure you sign-off, with the resident physician/clinic representative, the Locum Contract Checklist (included). The program will reimburse eligible expenses, but only if the eligible expense is authorized by the resident physician/clinic.

### Receipts

Keep your original receipts for income tax purposes and send copies with the application.

- Accommodation Receipts – all receipts must include the following information:
  - Renter's name
  - Rental address
  - Check in date
  - Check out date
  - Rent amount
  - \$0.00 balance owing
  - Method of payment

### Copies of Documents

Send only photocopies, flatbed or sheet-fed scans of actual receipts. Do not submit smartphone or tablet images/scans of paperwork as they are of poor quality for printing and record keeping.

### Clinic Overhead

This is not a reimbursable locum expense under the Locum Support Fund. The issue of overhead must be discussed and negotiated with the resident physician/clinic.

### Usual and Reasonable Expenses eligible for Reimbursement

Reimbursement of any of these expenses is not guaranteed under this program. You must negotiate with the resident physician which expenses will be reimbursed. Signing the Locum Contract Checklist indicates that you agree with the terms.

These are airfare, checked baggage fee, local accommodation, local vehicle rental, licensing fees, certificates of good standing for licensing/privileging requirements and notary public fees. Expense claims do not extend to spouses, family members or dependents.

- Air Travel > Only advance-booked, economy-class tickets will be reimbursed. Only the most direct routing will be reimbursed. Only one round-trip flight will be reimbursed.
- Checked Baggage Fees > first checked bag fee per flight is reimbursable, with receipts.
- Ground Travel > Should a locum physician elect to drive to and from the Yukon for work s/he will receive the dollar value of an Air Canada economy round-trip Flex fare. Receipts for ground travel do not need to be submitted for reimbursement. **NOTE: An example airfare will be generated by the Fund Manager, using standard criteria, on receipt of the Locum Support Fund application.**
- Local Vehicle Rental > If a vehicle rental is required for work, commercial rental vehicle charges for locums are reimbursable, with the following stipulations:
  - **Important** > the Yukon Medical Association is a corporate client of **Driving Force Rentals** and we receive corporate discounts. Please identify yourself at the time of booking a vehicle as a locum physician with the Yukon Medical Association to receive the corporate discount. Driving Force contact > toll free 1-800-661-0445; phone (867) 456-2277.
  - Excess mileage charges will not be reimbursed.
  - The reimbursable period is for the span of the locum contract, plus 2 days prior to starting and 2 days following completion of the contract.
  - The maximum reimbursement for a daily rental charge will be limited to \$90. This includes insurance charges, concession fee recovery and other billable charges.
  - any variations from the above will be dealt with on a case-by-case basis, and only with pre-approval. For example, a locum coming with a family that requires a larger vehicle.
  - Rental fees charged for private vehicles will not be reimbursed.
- Accommodation > Reimbursement for rent is capped at \$150 per night and \$2,500 for 31-day span. This cap is inclusive of utilities, phone, internet, cable, condo fees, cleaning fees, etc. Primary residences of local physicians are not eligible for rent reimbursement. The reimbursable period is for the duration of the locum contract, plus 2 days prior to starting and 2 days following completion of the contract.
- Miscellaneous Expenses > The following items are reimbursable - **if authorized under the contract checklist** - with submission of receipts:
  - Yukon Medical Council (YMC) registration and licensing fee
  - Certificate(s) of Professional Conduct
  - **NOTE:** registration and licensing fees for **professional corporations** are not eligible expenses under this program.

### **Payment by Direct Deposit**

Under this program all reimbursement payments are made directly to the locum physician or his/her professional corporation. We have moved to direct deposit. Please send either of the following for setting up payment:

- a direct deposit document downloaded from your bank site, OR
- a good quality smartphone image of a void cheque

### **A Complete Application consists of:**

- One page application form
- One Locum Contract Checklist signed by locum and resident physician/clinic rep
- Locum Coverage Calendar for each physician whose office you cover
- Copies of all eligible receipts
- Direct deposit details

### **Submission of Application**

Submit completed applications by mail or email to the following address (we do not use fax).

Fund Manager, Yukon Medical Association  
5 Hospital Road, Whitehorse, YT Y1A 3H7  
funds@yukondoctors.ca

Requirements and applications are downloadable from the Yukon Medical Association web site at [www.yukondoctors.ca/locum](http://www.yukondoctors.ca/locum)

*Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from [www.yukondoctors.ca](http://www.yukondoctors.ca)*

## Application to the Locum Support Program

No phone/tablet images please (these print/copy poorly for recordkeeping)  
SEND ONLY PHOTOCOPIES or FLATBED/SHEET-FED SCANS

Your Name \_\_\_\_\_

Your Email Address \_\_\_\_\_

### REIMBURSABLES (*RECEIPTS REQUIRED*)

Air Travel \$ \_\_\_\_\_

Checked Baggage Fees – first checked bag only \$ \_\_\_\_\_

Accommodation \$ \_\_\_\_\_

Vehicle Rental \$ \_\_\_\_\_

Yukon Registration and License fees \$ \_\_\_\_\_

Certificate(s) of Professional Conduct \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Payment made to: \_\_\_\_\_  
*(Professional Corporation name, if you have one)*

Mailing address: \_\_\_\_\_

(please print) \_\_\_\_\_

\_\_\_\_\_

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**LSF Contract Checklist - Authorized Expenses**

**Check Yes or No box for EACH ITEM**

**LOCUM EARNINGS / OVERHEAD**

**YES NO**

**Resident** physician pays clinic overhead  
If dates applicable: from \_\_\_\_\_ to \_\_\_\_\_

**Locum** physician pays clinic overhead  
If dates applicable: from \_\_\_\_\_ to \_\_\_\_\_

**REIMBURSABLES (see guidelines)**

**YES NO**

Air/Ground Travel Reimbursement (includes 1 checked bag fee per flight)

Accommodation Rent

Vehicle Rental

Yukon Medical Council (YMC) Registration and License Fees

Certificate(s) of Professional Conduct

**The following resident physician(s) are having their practice covered by this locum physician:**

**Physician**

**Dates of Coverage**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinic/Physician(s) representative [please print]

\_\_\_\_\_  
Locum Physician [please print]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Locum Support Fund - Coverage Calendar

This form must have two signatures prior to submission.

Please complete **one form for each physician you covered** during your locum contract.

Include **only the days on which you billed for medical services while covering the physician's office practice**.

**Locum Name** \_\_\_\_\_

**Resident Physician covered** \_\_\_\_\_

Week of Locum	Monday month / day	Tuesday month / day	Wednesday month / day	Thursday month / day	Friday month / day	Saturday	Sunday
1							
2							
3							
4							
5							
6							

\_\_\_\_\_  
PRINT NAME Resident Physician/Clinic Manager

\_\_\_\_\_  
SIGNATURE Resident Physician/Clinic Manager

\_\_\_\_\_  
PRINT NAME Locum Physician

\_\_\_\_\_  
SIGNATURE Locum Physician

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