MEMORIAL UNIVERSITY
Faculty of Medicine

Moonlighting (Final Year Specialty Locum/ER-GP Locum) Request

Form must be received at the PGME office no later than SIX business days prior to the start date to ensure sufficient processing time. Learners must contact NLHS and the CPSNL to confirm approval PRIOR to starting.

Name: _____ **Program:** _____

Email: _____ **PGY Level:** _____ **CMPA Code 14** ☐ Yes

Current ACLS (dated within two years) ☐ No ☐ Yes: Required for locums in Anesthesia, Emergency Medicine, General Surgery, Internal Medicine, GIM (pre-FRCPC certification), Obstetrics-Gynecology, and Critical Care

Scheduled rotation at time of locum: _____

☐ Final Year Specialty **Location:** _____

Criteria: *- Learners must be Royal College exam eligible*

*- Locum(s) cannot take place prior to **the calendar year** Royal College exam is being written*

☐ Emergency/General Practice (Community) Locum: **Location:** _____

Requesting Division Head/Site Chief:

_____ _____

Name (Print) Signature

Sponsorship: I, _____ (VP or Director of Medical Services), hereby confirm sponsorship for the above specified Final Year Specialty Locum/ER-GP Locum.

_____ _____ _____ _____

Name (Print) Signature Title Date

PLEASE INDICATE TIME USING 24 HOUR CLOCK

DATE START: _____ START TIME: _____

DATE END: _____ END TIME: _____

LEAVE REQUEST MUST BE APPROVED PRIOR TO THE START DATE

☐ Annual Leave (if applicable): _____

Reminder: Total leave must not compromise time requirement for successful completion of rotation.

I certify that the information given on this form is correct and I understand this form will be used by the CPSNL for approval.

Learner Signature: _____ **Date:** _____

This learner has the knowledge, skills and judgment to perform this final year specialty locum ☐

Program Director: _____ **Date:** _____

Recorded by PGME: _____ **Date:** _____

Received at PGME: _____ Emailed to CPSNL: _____