

## 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 the applicable Health Authority and the CPSNL to confirm the request has been approved **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

**PLEASE INDICATE TIME USING 24 HOUR CLOCK**

DATE START: \_\_\_\_\_ START TIME: \_\_\_\_\_

DATE END: \_\_\_\_\_ END TIME: \_\_\_\_\_

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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: \_\_\_\_\_

Emailed to Health Authority: \_\_\_\_\_