

TO: Executive Officer,
Bermuda Medical Council,
P.O. Box HM 1195, Hamilton HM EX
(Continental Building, 25 Church St., Hamilton HM 12)

**APPLICATION FOR AUTHORISATION TO
PRACTISE TEMPORARILY AS A LOCUM TENENS**

PART A

I, _____ of _____ hereby make application for authorisation, by the Bermuda Medical Council, to practise temporarily as a locum tenens for the period:

_____ to _____

to relieve Dr. _____ of _____

I attach for your information the following documents in support of my application :-

- (a) the original, or notarised copy, of Certificate of Registration as a medical practitioner issued in _____
- (b) the original, or notarised copy, of Specialist Diploma/Certificate (where applicable) ;
- (c) statement of the applicant's professional experience from qualifications up to the present time (C.V.);
- (d) *a certificate or testimonial of the character of the applicant given within the period of twelve months last preceding the date of application (character reference); and
- (e) *a testimonial of the applicant's professional competence (professional reference) given within the period of twelve months last preceding the date of application by _____ of _____
- (f) Evidence of adequate insurance (malpractice) coverage. Proof that this coverage is applicable overseas when the physician/specialist is practising in the capacity of locum tenens.
- (g) Particulars (if any) of any conviction of any offence as a result of which a sentence of imprisonment was imposed without the option of a fine _____
- (h) Certificate of Goodstanding (current licensing authority)
- (i) **Fee for Application \$27.00.** Cheques to be made payable to the Accountant General. **(Government Fees Amendment Regulations 2004). Documentation to be submitted to the Council four (4) to six (6) weeks prior to the locum's arrival in Bermuda.**

* (d) and (e) above to be from a medical practitioner(s) of good standing and responsibility, who are well acquainted with the practice of the applicant. **They must be separate statements** (not a combined statement).

Signature of Applicant: _____

Name (Please Print): _____

Qualifications: _____

Where Obtained: _____

Date of First Registration: _____

Date of Application _____

PART B

I, Dr. _____ of _____ Bermuda

hereby confirm that I wish to employ Dr. _____

as a locum tenens for the period _____ to _____

to enable me to proceed on holiday sick leave course of study
(please tick appropriate box)

Signed: _____
Signature of Physician applying for the Locum Tenens

Date: _____