

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: \_\_\_\_\_