



KING EDWARD VII MEMORIAL HOSPITAL/ ST. BRENDAN'S HOSPITAL  
BERMUDA

LOCUM TENENS

Granting of Temporary Privileges

I, \_\_\_\_\_ hereby request a grant of Temporary

Privileges to my Locum Tenens: Dr. \_\_\_\_\_

For the period of \_\_\_\_\_ through \_\_\_\_\_

1. Qualifications and Dates: \_\_\_\_\_

\_\_\_\_\_

2. Appointments currently held, if any: \_\_\_\_\_

\_\_\_\_\_

3. Immigration File Number: \_\_\_\_\_ .

4. The following documents (or **certified** copies) are required:

- a) Certificate of Registration
- b) Curriculum Vitae
- c) Professional reference
- d) Character reference
- e) Bermuda Medical Council authorization

5. Major /minor privileges requested in:

Medicine/ Surgery/ Obstetrics/ Gynaecology/ Paediatrics/ Emergency/ Diagnostic Imaging/  
Pathology (Clinical or Anatomical)/ Psychiatry.

6. I understand and accept the category of staff appointment for which I have applied, along with the Departmental assignment and the terms and conditions of such appointment. I have also read the current medical staff regulations and I hereby agree to be bound by these and any other regulations, rules and policies of the Bermuda Hospitals Board and by such amendments as may from time-to-time be made to such regulations, rules and policies of the Bermuda Hospitals Board. Malpractice Protection in the amount of at least \$3,000,000 valid until: \_\_\_\_\_ (Attach copy of current membership.) CPR certification/ recertification valid until: \_\_\_\_\_ (copy of card attached).

Signed: \_\_\_\_\_  
Staff Member

Date: \_\_\_\_\_

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For office use:

Recommended by \_\_\_\_\_  
Head Department of

\_\_\_\_\_ Date

Recommended by \_\_\_\_\_  
Chief of Staff

\_\_\_\_\_ Date

Granted by \_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_ Date