

# LOCUM PROFILE FORM

**SELECT OPTIONS:**

Post my name on the Calgary Family Medicine website ([www.calgaryfamilymedicine.ca](http://www.calgaryfamilymedicine.ca))

*\*Please note that this is a public website*

Distribute my name and information to Family Physicians interested in finding locum coverage

*\*This list will only be distributed to family physicians in the Calgary area*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CPSA LICENSE:**

Current       In process of application – expected date of licensure: \_\_\_\_\_

**LOCATIONS YOU ARE AVAILABLE TO COVER: (SELECT ALL THAT APPLY)**

*Please note that we only advertise for opportunities within the Calgary Zone.*

Calgary (anywhere within city limits)

Airdrie

Calgary NW quadrant

Cochrane

Calgary SW quadrant

Dewinton

Calgary NE quadrant

Other \_\_\_\_\_

Calgary SE quadrant

Other \_\_\_\_\_

**SERVICES YOU ARE ABLE TO COVER: (IN ADDITION TO GENERAL FAMILY PRACTICE)**

OB to 20 weeks

Sport's medicine

Mental health

OB to term

Long term care

Acute care

OB L&D

Cosmetic procedures

Hospitalist

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY (PLEASE LIST TIME PERIODS IN WHICH YOU ARE AVAILABLE TO PROVIDE COVERAGE):****ADDITIONAL INFORMATION (OPTIONAL):**