

Partners in Recovery

Request for Physician/Prescriber Coverage

Site/Clinic: _____

Date Needed: _____

Reason:

- Term
- Existing Vacancy
- Transfer
- Addition (Census Change)
- Cover temporary leave (FMLA, Sick, Bereavement, Comp, Disability)

Anticipated Duration: _____

Hours: _____

Days: _____

Call Required? Yes No

Credentials: MD/DO NP PA

Locum Tenens *A behavioral health medical practitioner contracted to cover for a staff behavioral health medical practitioner for sixty days or less.*

Contract Physician *A behavioral health medical practitioner contracted to cover for a staff behavioral health medical practitioner for greater than sixty days, or to temporarily fill a vacant staff position*

Site Administrator: _____

Adult Medical Director: _____

Completed form to be forwarded to Human Resources/Recruiting.

FOR HR USE ONLY

Filled	Date	Agency	Prescriber	Comments