

**South Carolina Medical Malpractice
Patients' Compensation Fund**

Locum Tenens Membership Request Form

This is coverage for a temporary substitute during the period of substitution for the PCF member. This coverage can be provided only when the PCF member is not practicing. This coverage is not available for physicians who are scheduling other physicians to staff an emergency room. The substitute physician must submit a fully completed application and a 10 year loss history report to the PCF for approval of eligibility. If the substitute physician has already submitted an application to the South Carolina JUA, the PCF will accept a copy of the JUA application. If a physician is determined to be eligible, his/her approved application will be in effect for one year.

This Locum Tenens coverage will be provided only upon receipt of a written request from the PCF member which contains the name and address of the temporary substitute and the specific dates that the substitute will replace the member. A separate request for each substitute period, signed by the PCF member, is required. This written request must be submitted to the PCF prior to the substitution dates and Locum Tenens coverage can not be provided on a retroactive basis if the request is made late. The PCF will provide up to 45 days of coverage during the annual membership period for duly licensed substitute physicians working on behalf of the PCF member on a temporary basis due to vacation, illness, or other absence.

The PCF will provide Locum Tenens coverage to a PCF member's temporary substitute without additional charge to the member or the temporary substitute.

I wish to have locum tenens coverage for _____
Temporary Substitute's Name

Temporary Substitute's Resident Address

Dates of Substitution _____ through _____
(Request other periods on a separate form)

Name of PCF Member

PCF Membership Number

Signature of PCF Member

Date