

“CONNECTIONS COUNT” REFERRAL PROGRAM

Earn **\$500 to \$1,000** for referring a new M.D. to LocumConnections

DESCRIPTION

The mission is simple—*we recruit quality physicians, and quality physicians attract other top talent.* Our experience has shown us that physicians that come to **LocumConnections** through physician referrals are excellent contributors, stay with us longer, and are more cost-effective performers over the long-term.

That’s where you come in! If you know a colleague who would be a good addition to **LocumConnections** and he/she joins our group, you will receive a check for \$500.00 for the 1st referral (minimum of 10 shifts worked). On your 2nd referral, you earn \$750.00, and for every referred physician thereafter who works a minimum of 10 shifts, **you will receive a check for \$1000.00 per referral—FOR LIFE!**

Refer a physician for current practice searches using the Physician Referral form on the next page.

PROGRAM GUIDELINES

- Referral Eligibility: All physicians and hospital or healthcare staff are eligible to refer candidates.
- To be eligible for the referral bonus, referrals must first be submitted to **LocumConnections** for review for eligibility AND must include a Physician Referral form.
- The referring individual must agree to have his/her name used for introduction.
- The first eligible individual to refer a candidate will be the only referring individual eligible for the referral bonus payment.
- All candidates will be evaluated for employment/assignment consistent with **LocumConnections** Policies and Procedures.
- Eligible candidates are candidates that are not already known or in ACTIVE conversations with **LocumConnections** recruiting,
- All information regarding the contractual/employment decision will remain strictly confidential.
- Any disputes or interpretations of the program will be handled through **LocumConnections’** Executive Leadership.
- All referral bonus payments will be paid within 30 days of the full-time physician’s start date or after 10 shifts worked as an **LocumConnections** physician.

LocumConnections New Physician Referral Program Submission Form

Physician's Name: _____

Referral Date: _____ Physician Available Date: _____

Specialty: _____ Physician's Telephone: _____

Physician's Address: _____

Physician's E-Mail: _____

I have read and understand the LocumConnections Referral Program Guidelines.

Referring Physician's Signature

Date

Printed Name

Please Email This Completed Form to connect@locumconnections.com


LOCUM **CONNEC**  **IONS**

By Physicians. For Physicians.

www.LocumConnections.com