

Northwest Territories Health and Social Services Authority
FRIENDS AND FAMILY TRAVEL PROGRAM
APPLICATION FORM FOR PERMANENT & LOCUM PHYSICIANS

Physician First and Last Name	Physician Title	Employee ID & Record # (enter "LOCUM" for locum physicians)	
Email Address	Cell / Phone Number	Expected Dates of Travel	
AMD / TMD First and Last Name	AMD / TMD Title	AMD / TMD Email Address	

Required Criteria

All below criteria are met:

☐	Applicant is a permanent or locum physician.
☐	Applicant is providing direct patient care within the NTHSSA between December 18, 2026, and January 05, 2027, inclusive, for a minimum of five full, regular shifts (including scheduled call shifts, but excluding travel days), as detailed in the program guidelines.

The information listed on this form is accurate to the best of our knowledge. Further, we understand that **this program is tax deductible** and it is our responsibility to ensure that should the information change, we will immediately notify NTHSSA_Compensation_Management@gov.nt.ca.

Physician Signature

Date

AMD / TMD Signature

Date

CEO / COO / AMD / TMD Signature

Date

Please submit application form to
NTHSSA_Compensation_Management@gov.nt.ca.

The deadline to submit completed applications is December 17, 2026, at 11:59pm MST.

The information in this form is being collected in support of your application to the Friends and Family Travel Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPPA). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105.



Friends and Family Travel Program – Application Form
Ver: 2026-09-08

Northwest Territories Health and Social Services Authority

FRIENDS AND FAMILY TRAVEL PROGRAM
APPLICATION FORM INSTRUCTIONS FOR PHYSICIANS

1. Physician to include their First and Last Name and title.
2. Physician to provide their employee ID and record number, ID is 6 digits and record number is 0-99, if unsure of your ID and record number please contact . If you are a Physician Locum, please write LOCUM in the employee ID and record number box.
3. Physician to include contact information of email and phone number.
4. Physician to specify expected date of travel of Friends and Family.
5. Physician to provide Area Medical Director (AMD) / Territorial Medical Director (TMD) first and last name, title, and email.
6. Physician to sign the form and provide to AMD / TMD for their signature and confirmation of eligibility.
7. AMD / TMD is responsible for ensuring that Physician meets the eligibility requirements and must click off the required criteria, back up is not required.
8. If Physician is not eligible the AMD / TMD will return the form to Physician and provide the reasoning why the Physician is not eligible.
9. After confirming that Physician meets the eligibility criteria, AMD / TMD will sign the form and forward to the Chief Executive Officer (CEO), Chief Operating Officer (COO), AMD, or TMD.
10. The CEO, COO, AMD, or TMD will sign and return the form to the AMD / TMD.
11. AMD / TMD will return the form to the Physician.
12. Physician will submit form to NTHSSA_Compensation_Management@gov.nt.ca and keep a copy to be included with their Claim form.
13. **The deadline to submit completed applications is December 17, 2026, at 11:59pm MST. Applications received after this time will not be considered.**
14. Physician is responsible for arranging travel by air or privately owned vehicle. If travel is by air, the Physician is to ensure they have the appropriate travel invoice showing flights, dates and total costs. Physician is unable to claim more than two individuals (air) or two vehicles (ground).

