

Application/Expense Form

CLERKSHIP TRAVEL PROGRAM

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Initial: _____
 Title: Dr. Mr. Ms. Mrs. E-mail address: _____
 Telephone: _____ Fax: _____

MAILING ADDRESS

Address Line 1: _____ Address Line 2: _____
 City/Province: _____ Postal Code: _____

SCHOOL INFORMATION

Faculty of Medicine School: _____ Campus: _____
 Student No.: _____ Graduation Year: _____ Current year of study: Year 2 McMaster only
 Year 3
 Year 4
 Advanced/Extended

CLINICAL ROTATION INFORMATION

Rotation Dates From: _____ To: _____
 Academic Health Science Centre Name: _____ Site Address: _____
 Rotation Specialty: _____

EXPENSES	Date (s)	Amount (\$)	
(Please review Program Guidelines). Transportation during rotation NOT included.			
Personal vehicle: Kilometric rate (\$0.40/km for use) To Academic Health Science Centre only	MM/DD/YY	KM	
Personal vehicle: Kilometric rate (\$0.40/km for use) To Home School only		KM	
Car rental: To Academic Health Science Centre only			
Car rental: To Home School only			
Gas (car rental only): To Academic Health Science Centre only			
Gas (car rental only): To Home School only			
Taxi (tip is 10% max.)			
Fare (airfare/bus/train) Please include all pages of detailed receipt(s). Please provide reason for any claimed change fees			
Accommodations			
TOTAL EXPENSES Max. \$1500 inc. tax			

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COMMENTS

- I have included official documentation of rotation completion letter from Undergraduate Medical Education Office.
- I have included my SIN form
- All original detailed itemized receipts provided. *Please photocopy your completed expense form and receipts for your records. Please note HFO MRA reserves the right to follow up with vendors for further expense details if necessary. Receipts will not be returned.*
- I consent to sharing information with other HFO MRA programs that support transition to residency and practice in Ontario. These programs may contact me to discuss programs and career opportunities in Ontario.

By signing below (in pen only, no digital signatures):

- I certify that the claimed expenses were incurred by me for the above stated period.
- I acknowledge HealthForceOntario Marketing and Recruitment Agency’s sole discretion to determine if the application and supporting documentation complies with the program parameters and will be accepted by the CTP; and
- I confirm that I have not received funding for travel or accommodation expenses from another program.

Section to be filled in pen only, no digital signatures permitted.

Claimant’s Name: _____ Signature: _____ Date: _____

The Clerkship Travel Program is administered by HealthForceOntario Marketing and Recruitment Agency with funding provided by the Government of Ontario. It is HealthForceOntario Marketing and Recruitment Agency’s sole discretion to determine if the application and supporting documentation complies with the program parameters and will be accepted by the CTP.

INSTRUCTIONS FOR COMPLETING THE CLERKSHIP TRAVEL PROGRAM EXPENSE FORM

Prior to completing the expense form, please refer to the program guidelines and/or your approval letter for specific eligibility information. For program guidelines, visit our web site by choosing the Clerkship Travel Program link at www.healthforceontario.ca/ctp. Enter expenses, explanations and original detailed itemized receipts as indicated. Receipts will not be returned. Submit one form for each authorized rotation.

EXPENSES

Original detailed itemized receipts must be submitted with the Clerkship Travel Program Expense form. Airfare, train and bus fare are based on economy class. The kilometric rate for use of a personal vehicle is \$0.40/km. Rental of a compact car and gasoline (with original receipts) and single occupant accommodations will be covered. Please review program guidelines for complete expense details. Travel expenses will be applicable to the following modes of transportation: personal vehicle, rental car, taxi, bus, train, commercial airlines on initial trip to Academic Health Science Centre and return trip to home school **ONLY**. (See Guidelines)

INQUIRIES

Any questions regarding how to complete the expense form should be directed to the Operations Coordinator at 1-800-463-1270 extension 7 or ctp@healthforceontario.ca Please mail application/expense form, rotation confirmation and SIN form to:
HealthForceOntario Marketing and Recruitment Agency
Operations Coordinator, Clerkship Travel Program
163 Queen St. East
Toronto, ON M5A 1S1

OFFICE USE ONLY

Operations Coordinator:	Signature:	Date:
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Notice of Collection: HealthForceOntario Marketing and Recruitment agency (HFO MRA) collects your personal information under the authority of the Development Corporations Act, Ontario Regulation 249/07, Section 3. The personal information you provide to us is necessary to process expense reimbursement for the Clerkship Travel Program. HFO MRA may use the statistical information to report on the program, research and evaluate the program outcomes. If you require further information about this please contact our information coordinator at: HealthForceOntario Marketing and Recruitment Agency, 163 Queen St. East, Toronto, Ontario M5A 1S1. Tel.: 416-862-2200 or 1-800-463-1270, Fax: 416-874-4075

Available in accessible format upon request: www.HealthForceOntario.ca/acs