

NORSTAR Community/Hospital Request Form

Northern Ontario Residents Streamlined Training and Reimbursement Program

Faculty-Resident Dyads

Medical residents and fellows from Canadian medical schools are reimbursed for travel and accommodation expenses when accompanying faculty physicians from their home institution on locums or other work assignments in the North East and North West Ontario Health Regions. Locum physicians must have a faculty appointment with the medical resident's home institution.

- Please submit one Request Form per month (attach additional pages if necessary).
- The Request Form can be submitted up to 6 months in advance and is required to be submitted in advance of the assignment start date for assignment approval.
- Include only dates with scheduled work, omitting dates for travel.
- For amendments, please ensure the original dates and details of the changes are clearly noted in the comments.
- If the community would like to request faculty locum coverage through their **existing** locum program eligibility (i.e., NSLP, RFMLP, EDLP), please indicate this in the comments section.
- The community is required to provide locum physicians with the NORSTAR expense guidelines and forms prior to booking.

Community & Organization:

Work Type (i.e., Specialty, Family Medicine, ED):

Month, Year:

Amended Request Y/N:

Physician	Name	CPSO #	Institution <i>Locum physicians must have a faculty appointment with the medical resident's home institution.</i>	Email	Work Start Date	Work End Date	Comments
Faculty							
Resident							
Faculty							
Resident							
Faculty							
Resident							
Faculty							
Resident							

Please return completed form to the NORSTAR Team at norstar@ontariohealth.ca.

Notice of Collection: Ontario Health collects your personal information under the authority of the Connecting Care Act, 2019, Section 6. All information collected on this form may be used as necessary by Ontario Health for the proper administration of the government-funded Recruitment and Retention Programs, including assessing your eligibility to participate in and receive payment from these programs. The information on this form may also be used by Ontario Health and/ or the Ministry of Health for the proper financial administration of these programs, and for conducting research and evaluating program parameters. If you require further information about the collection by Ontario Health, please contact norstar@ontariohealth.ca