

## Allied Health Professional Development Fund Application Form

HealthForceOntario's Allied Health Professional Development Fund (AHPDF) is part of an expanded team approach to make educational opportunities available to more health professionals. The investment supports professional development opportunities for medical laboratory technologists, medical radiation technologists, occupational therapists, physiotherapists, speech-language pathologists, audiologists, dietitians, pharmacists and respiratory therapists.

The fund reimburses fees for professional development (PD) activities which enhance skill, knowledge, practice and service delivery. Eligibility to apply is limited to the professionals in the nine professions listed who are registered with their respective regulatory college. Funding will increase access to professional development opportunities for health professionals to increase leadership capacity and improve care and services overall to the people of Ontario.

### Important Application Information

**Funding is not guaranteed.** Complete applications must be received by fax or postmarked by **March 31, 2010**. Only professional development activities completed between **April 1, 2009** and **March 31, 2010** are eligible for reimbursement.

Submit **one course per application**. First applications, within the current funding year, from eligible applicants will be given priority; subsequent applications submitted by the same professional will be held until the end of the fiscal year (March 31, 2010) and will be considered if funds remain after all other first applications have been processed.

The maximum amount of funding for each eligible health professional in a given funding year is \$1,500. To facilitate reimbursement, **submit your application within 90 days of course completion date or by March 31, 2010 whichever comes first**. Complete applications will be processed in the order in which they are received.

Goals of the AHPDF are to:

- invest in and support the professional development of health professionals
- improve clinical practice knowledge and leadership capacity of eligible health professionals to become change agents in the transformation of the health care system
- promote continuous professional development across

Objectives of the AHPDF are to:

- enable more health care professionals to access professional development
- expand current skills and leadership capacity to improve health care service quality
- facilitate the retention of valued allied health professionals in Ontario
- assist allied health professionals in adapting to changing expectations and health care needs
- maintain and build Ontario's capacity as a competitive employer

**Key Process and Deadline Information:** (Enhanced information is provided in the Application Guide)

- **Funding is not guaranteed.** Funding will be allocated to each eligible profession based upon size of membership. This funding will be further allocated on a quarterly basis within each profession. In the event the request for funds for a profession in a quarter exceeds allocated funds, eligible applications will be held until the end of the fiscal year (March 31, 2010); these requests will be considered if there are unallocated funds, first applications will be given priority.
- First applications, within the current funding year, from eligible applicants will be given priority; subsequent applications submitted by the same professional will be held until the end of the fiscal year (March 31, 2010) and will be considered if funds remain after all other first applications have been processed.
- To facilitate reimbursement, please submit application within 90 days of course completion date or by March 31, 2010 whichever comes first. Applications will be processed as they are received.

**Eligibility:**

- Health professionals must be registered at the time of participation in the PD activity with one of the following regulatory colleges: CMLTO, CMRTO, COTO, CPO, CASLPO, OCP, CDO and CRTO.
- Health professionals must be eligible to practice in their respective profession. Those currently employed will be given priority related to the capacity to provide care in the short term.
- Applicants employed outside of Ontario are not eligible.
- **PD activity's tuition/registration fee must be paid for by the applicant and not by an employer or through a private business, including an applicant's own business.**

**Criteria:**

- The professional development activity (e.g. workshop/course/conference) must provide education that will increase knowledge, clinical and/or leadership skills and will contribute to the transformation of health care and enhance the quality of care and services provided to the people of Ontario.
- Applicants must provide a copy of current registration card with their regulatory college as well as proof of successful completion and proof of payment (see Application Guide).
- **Applications must be received by midnight by fax or, postmarked by March 31, 2010.** Late applications will not be considered.
- Only professional development activities completed between April 1, 2009 and March 31, 2010 are eligible for reimbursement and must be completed prior to submitting an application form.
- One individual course per application, multiple applications may be submitted up to a maximum of \$1,500 (see Application Guide).
- **All successful applicants will receive a T4A slip in accordance with the Income Tax Act ( see Application Guide).**

**Definitions:**

**Proof of Successful Completion:** A passing grade report, course certificate, certificate of attendance, transcript from the professional development deliverer or printout from a student based web service stating the student's name and course completion date. Documentation MUST be included with the application. Official transcripts are not necessary. If the professional development deliverer does not issue documentation, please see declaration on page 4. **Please note, self declaration applies only to PD activities where documentation has not and will not be provided to the applicant from the deliverer of the activity.**

**Proof of Payment:** Official proof of payment issued by the deliverer of professional development. PD activity name and fee paid must be clearly identified. **Invoices with an outstanding balance and T2202A forms are not acceptable.** Proof of exchange rate is needed when submitting for fees paid for in foreign currency, otherwise **the exchange rate that was valid on the day of transaction (date of payment/receipt) will be applied.**

**Excluded:** Exam/membership/subscription fees are not included. Costs not related to tuition/fees are excluded. (i.e. books, tapes, travel, salary replacement, meals, accommodation).

**Please note:**

- Additional definitions and rationale can be found within the Application Guide which is available on-line at [www.ahpdf.ca](http://www.ahpdf.ca).
- Keep a copy of your application, supporting documents and a fax confirmation or courier/registered mail receipt (if applicable) for your records.
- Reimbursement will be made using direct deposit. (see Application Guide)
- All information provided is confidential.
- Submissions will be acknowledged via e-mail.

**For More Information:**

**Email:** [info@ahpdf.ca](mailto:info@ahpdf.ca)

**Phone:** 905 602 6015 / 1 866 992 6015

**Web:** [www.ahpdf.ca](http://www.ahpdf.ca)

## Allied Health Professional Development Fund Application Form

**PLEASE PRINT:** (All fields must be completed, read all 4 pages before filling out the Application Form)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Telephone:** (     ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. No.:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_  
(Required for Income Tax purposes.)

**I am currently registered with:** (Enclose a copy of current registration card.)

- CMRTO  
  CASLPO  
  CMLTO  
  CPO  
  COTO  
  CDO  
  OCP  
  CRTO

**Have you or will you receive tuition reimbursement, from any other source for the course you are applying for?** (see Application Guide for more information)

**If yes, state amount** (this amount will be subtracted from your request)

Yes \_\_\_\_\_ \$ \_\_\_\_\_

No \_\_\_\_\_

**Employment Status:** Check *one* only

- Working in health profession identified above, in Ontario  
  Not working in health profession identified above, but eligible to practice

**Employment Setting:** Check *one* only

- Community/ Home Care  
  Long-Term Care  
  Private / Independent Health Facility  
 Hospital  
  School  
  Other \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_  
(The organization name)

**PD Activity Name:** \_\_\_\_\_ **PD fee paid (tuition only):** \$ \_\_\_\_\_

One eligible course per application. Programs with multiple components must be submitted on separate applications.

**Name of PD provider:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_  
 (The organization name) DD/MM/YY DD/MM/YY

**Relevance to clinical practice.** (i.e. care/services provided; see Application Guide)

- The activity is relevant to my area of clinical practice and/or leadership skills. Clearly state how.

\_\_\_\_\_

- The activity is not relevant to my area of practice, I am pursuing professional development for the following reason:

\_\_\_\_\_

**PD activity is most applicable to:**

- Home Care / Long Term Care  
  Chronic Disease Prevention (e.g. diabetes, heart disease, asthma, arthritis)  
 Inter-Professional Team Based Care (e.g. Family Health Teams)  
  Shorter Wait Times (e.g. hip and knee surgeries, cataract surgery, cancer detection, MRI, diagnostic tests)  
 Other \_\_\_\_\_

**Which will the PD activity impact the most?**

- Clinical Knowledge / Skills  
 Leadership Skills

**How did you hear about this initiative?**

- Direct Mail  
  Website  
  Publication  
 Employer  
  E-mail  
  Other

## Payment Information:

To process your reimbursement, please provide the following documentation / information:

1. **A Void Cheque is necessary to process payment.** Your banking information will be held and used in the strictest of confidence and will be used only for the purpose of direct deposit of approved funding. Account information available on the void cheque will be used to deposit approved funds into the respective bank account. If submitting via fax, please fax a photocopy of a void cheque.
2. **Social Insurance Number.** Reimbursement funding totaling over \$499 in each tax year is considered a taxable benefit. **All successful applicants will receive a T4A slip in accordance with Income Tax Act. Social Insurance Number is required for T4A information.** See Paragraph 56.1.n of the Income Tax Act or visit [www.cra-arc.gc.ca/E/pub/tp/it75r4/it75r4-e.pdf](http://www.cra-arc.gc.ca/E/pub/tp/it75r4/it75r4-e.pdf)

## Before you submit, make sure you:

- **read** all four pages of the application form,
- **have completed and signed** the application form, (incomplete applications will not be processed),

and have included:

- **proof of payment,**
- **proof of successful completion,**
- a copy of **current registration card** from your regulatory college (see Application Guide).
- a **void cheque for direct deposit;** and, your **Social Insurance Number**

## Submit your application:

### By Mail:

Allied Health Professional Development Fund  
5025 Orbitor Drive  
Building 4, Suite 200  
Mississauga, ON L4W 4Y5

### By Fax:

905-602-6012

### By Email:

info@ahpdf.ca

Ensure you have scanned and attached all required documents.

An Application Guide is available on-line at [www.ahpdf.ca](http://www.ahpdf.ca)

## Declaration:

By signing below, you;

- **acknowledge that the AHPDF is funded by the Government of Ontario,**
- **declare that information provided is true and complete,**
- **agree to participate in a follow up evaluation,**
- **have the authority to bind account information to receive reimbursement funds if approved,**
- **agree to all terms of eligibility and acknowledge that you have referred to the Application Guide for any clarification, and**
- **declare that in lieu of any missing proof of successful completion not available from the provider of professional development, you certify that you have attended the opportunity and/or completed any requirements in full.**



\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date