

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 audiologists, dietitians, medical laboratory technologists, medical radiation technologists, occupational therapists, pharmacists, physiotherapists, respiratory therapists and speech-language pathologists. The fund reimburses fees for professional development (PD) activities that enhance skill, knowledge, practice and service delivery.

Important Application Information

Funding is not guaranteed

Professional development activities completed between April 1, 2010, and March 31, 2011, are eligible for reimbursement. To facilitate reimbursement, **submit your application within 90 days of the course completion date or by March 31, 2011, whichever comes first.**

Applications must be faxed, e-mailed or postmarked by March 31, 2011.

Late applications will not be considered.

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, 2011) 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.

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 health professions

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 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.
- Applicants submitting their first application within the current funding year will be given priority; subsequent applications submitted by the same professional will be held until the end of the fiscal year (March 31, 2011) and will be considered should funding allow.
- 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, 2011); these requests will be considered if there are unallocated funds; first applications will be given priority.
- Submitting duplicate applications is not permitted.
- To facilitate reimbursement, please **submit application within 90 days of course completion date or by March 31, 2011, whichever comes first.** Applications will be processed as they are received.
- Submitting an application does not mean that it will be funded. **Funding is not guaranteed.**

Eligibility:

- Health professionals outlined on page 1 must be registered with their regulatory college in Ontario at the time of participation in the PD activity.
- Health professionals not listed on page 1 are not eligible.
- 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.
- **Applications from employers will not be considered. Receipts submitted by professionals who are the employer (those in private practice) must be paid by the applicant, not through the business.**

Definitions:

Proof of Successful Completion:

A passing grade report, a course certificate, a certificate of attendance, a transcript from the professional development deliverer or a printout from a student based web service stating the student's name and course completion date is needed. Documentation **MUST** be included with the application. Official transcripts are not necessary. If the professional development deliverer does not issue documentation, please see the 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 is required. 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 / recertification 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 online at 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.
- Staff reserve the right to validate any and all information with the applicant.

For More Information:

Email: info@ahpdf.ca

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

Web: 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)

Applicant Information

First Name: _____ Last Name: _____

Telephone: (_____) _____ Email: _____

Address: _____ Apt. No.: _____

City: _____ Prov.: _____ Postal Code: _____

Social Insurance Number: _____ - _____ - _____ (Required for Income Tax purposes)

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)

No ___ **Yes** ___ **If yes, state amount \$** _____ (This amount will be subtracted from your request)

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

CMRTO CASLPO CMLTO CPO COTO CDO OCP CRTO

Employment Information

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 (Organization Name): _____

Professional Development

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:

AHPDF Evaluation Information

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 T4A documentation 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.

Applicants are responsible:

- To read all four pages of the application form;
- To fully complete and sign the application form
(incomplete applications will not be processed);

and to include:

- 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:

AHPDF
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.)

➔ **The detailed Application Guide is available online at www.ahpdf.ca** ◀

Declaration:

By signing below, you;

- Acknowledge that the AHPDF is funded by the Government of Ontario;
- Declare that the information you have provided is true and complete;
- Agree to participate in a follow-up evaluation;
- Have the authority to bind the aforementioned bank account to receive the 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