

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:

Complete applications must be received by fax or postmarked before March 31, 2008. Funding is not guaranteed. Please submit only one course per application, first time applicants within the funding year will be given priority. The maximum amount of funding per individual is \$ 1,500.

Goals of the AHPDF:

- To invest in and support the professional development of allied health professionals
- To improve clinical practice knowledge and leadership capacity of allied health professionals
- To promote continuous professional learning for allied health professions

Have questions/Need help?

(t) 24 hr. FAQ Line: 905-602-0457

(e) lsawaya@ahpdf.ca

(e) rstas@ahpdf.ca

Help Line: (M-F 8:30-4:30)

905-602-6015, or

Toll-free at: 1-866-992-6015

Objectives of the AHPDF:

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

Eligibility Criteria:

- The professional development activity (e.g. workshop/course/conference) must provide education that will increase knowledge 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.
- Health professionals must be registered in 2007/2008 with one of the following regulatory colleges: College of Medical Laboratory Technologists of Ontario, College of Medical Radiation Technologists of Ontario, College of Occupational Therapists of Ontario, College of Physiotherapists of Ontario, College of Audiologists and Speech-Language Pathologists of Ontario, Ontario College of Pharmacists, College of Dietitians of Ontario and College of Respiratory Therapists of Ontario.
- Health professionals who are currently employed and practicing in their respective profession will be given priority.
- Applicants must provide a copy of current registration card with their regulatory college. (see [Application Guide](#))
- Applications must be faxed or postmarked by March 31, 2008. Late applications will not be processed and will be returned.
- Successful applicants must be willing to participate in an evaluation to validate program outcomes.
- Only professional development activities completed between April 1, 2007 and March 31, 2008 are eligible for reimbursement.
- One individual course per application. (see [Application Guide](#))
- Applicants employed outside of Ontario are not eligible.
- First applications from eligible applicants for each funding year will be given priority and applications will be processed as they are received until the quarterly funding allocation is spent.

Please note:

- ***Funding is not guaranteed; Quarterly funds will be allocated for each eligible profession based on its population size. If requests for funding in any quarter exceed allocated funds, eligible applications will be held until the end of the fiscal year (March 31, 2008); these requests will be considered if there are unallocated funds.***
- ***To facilitate reimbursement please submit application as close as possible to course completion date.***

Definitions:

Successful Completion: A passing grade report, course certificate, certificate of attendance, transcript from the professional development provider or printout from a student based web service stating the student's name and course completion date. This documentation **MUST** be included with the application. Official transcripts are not necessary. If the professional development provider does not issue documentation, please see declaration on page 4. (see [Application Guide](#))

Receipt: Official proof of payment from the provider of professional development. Must show the PD activity name and fee paid for as well as the start date of the activity. ***Invoices and T2202A forms are not acceptable.***

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

How to Apply for Reimbursement:

1. Fill out the application form in full. Incomplete applications will not be processed.
2. Include receipts and proof of successful completion for the course. (see above definitions)
3. Include a copy of **current registration card** from the regulatory college.
4. Include a **void cheque** for direct deposit to your account.
5. Include your **Social Insurance Number** for income tax purposes.

Application Guide is available on-line at www.ahpdf.ca

Please note:

1. The application must be complete and submitted by the deadline.
2. Keep a copy of your application for your records and a fax confirmation or courier/registered mail receipt if applicable.
3. Reimbursement will be made using direct deposit. (see [Application Guide](#))
4. All information provided is confidential.
5. All submissions will be acknowledged.

Submit your application to:

By Mail:

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

Fax:

905-602-6012

Online:

- Application can be located and submitted online at: <http://www.ahpdf.ca>
- All documentation must be available to scan and upload with your on-line application

**Allied Health Professional Development Fund
Application Form**

First Name: _____ **Last Name:** _____
Telephone #: () _____ **Email:** _____
Address: _____ **Apt. No.:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____

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

CMRTO CASLPO CMLTO CPO COTO CDO OCP CRTO

Employment Status: *(Check only one)*

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

Employment Setting: *(Check only one)*

Community/ Home Long-Term Care School
 Hospital Private Other _____

Employer's Name: _____

My current position is: _____ **My primary area of practice is:** _____

(Please enter one eligible course only, do not enter a whole program; see Application Guide)

PD Activity Name/Course Code: _____ **PD fee paid (tuition only):** \$ _____

Name of PD provider: _____ **Start date:** _____ **End date:** _____

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

The PD activity is relevant to my area of clinical practice and/or leadership skills:

Clearly state how:

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

How did you hear about this initiative?

Direct Mail Website Publication Employer E-mail Other

Indicate if you have received tuition reimbursement, or will receive reimbursement, from any other source for the course you are applying for. (see Application Guide for more information)

Yes _____
If yes, state amount
\$ _____
No _____

In order to process your reimbursement, please supply the following documentation / information.
Note: 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. Monies received by successful applicants in excess of \$499 must be claimed on their income tax.

A VOID CHEQUE is necessary to process payment.

If submitting via Fax please fax a photocopy of a void cheque.
If submitting on-line, please upload a scan of a void cheque.

Account information available on the void cheque will be used to deposit approved funds into the respective bank account.

All successful applicants will receive a T4A slip in accordance with Income Tax Act.

Social Insurance Number is required for T4A information only.

See Paragraph 56.1.n of the Income Tax Act or visit www.cra-arc.gc.ca/E/pub/tp/it75r4/it75r4-e.pdf

Social Insurance Number: _____

For More Information:

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(e) lsawaya@ahpdf.ca
(e) rstas@ahpdf.ca
Help Line:(M-F 8:30-4:30)
905-602-6015
Toll free: 1-866-992-6015
www.ahpdf.ca

5025 Orbitor Drive
Building 4, Suite 200
Mississauga, ON L4W 4Y5

Internal Use Only

Applicant Reference #: _____

Date Entered: _____

Entered by: _____

By signing below, you;

- acknowledge that the AHPDF is funded by the Government of Ontario,
- agree 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 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 completed any requirements in full.



Signature of applicant

Date