

As a T4A will be issued for this payment, please provide your SIN or Business Number

Thank you for shadowing a medical student. Please complete the information requested on this form and return to RPAP for payment.

Student's Name: _____

Date Shadowed: _____

Location of Shadow: _____

The honorarium for shadowing a medical student is at the current rate of \$200/day.

If GST should be added to your payment, please check box. GST Registration # _____

GL Code: 40-25-420-6220 **Amount:** \$ _____

Cheque is to be made out to:

Professional Corp. / Self / Clinic / Medical Education Group

Address including postal code

SIN or Business Number

Signature of Preceptor Date (dd/mm/yy)

PLEASE RETURN THIS COMPLETED FORM TO:

FORM MUST BE SUBMITTED WITHIN 90 DAYS OF SHADOW DATE TO BE ELIGIBLE FOR REIMBURSEMENT

RhPAP Physician & Allied Health Programs Coordinator:

shadowing@rhpap.ca

The individually identifiable and financial information on this form is collected by RhPAP under the authority of the *Personal Information Privacy Act (Alberta)*. It is used only for the purpose of program administration, and will not be disclosed to anyone other than the claimant or his/her legal representative. This form will be retained in compliance with provincial government regulations, and then securely disposed. If you have any questions about the collection, use or disposal of the information requested, please contact the Manager of Corporate Services, The Alberta Rural Health Professions Action Plan (RhPAP), 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca