

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

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

Student's Name: \_\_\_\_\_

Date Mentored: \_\_\_\_\_

Community: \_\_\_\_\_

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 Mentorship DATE TO BE ELIGIBLE FOR REIMBURSEMENT**

RhPAP:

[mentorship@rhpap.ca](mailto:mentorship@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 Accountin, Alberta's Rural Health Professions Action Plan (RhPAP), Suite 416, 9707-110 Street NW, Ledgeview Business Centre, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917 Email: [info@rhpap.ca](mailto:info@rhpap.ca) Website: [www.rhpap.ca](http://www.rhpap.ca)

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