

## Resident and Medical Student Support Program

The Resident and Medical Student Support program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Government of Yukon. The purpose of this program is to provide financial assistance for costs incurred by medical students, family medicine or specialist residents who are doing rotations in the Yukon with either resident Yukon physicians or Visiting Specialists at the Visiting Specialist Clinics.

*Amounts received under the benefit programs are required to be included in the income of the recipient in the year in which they were received. (Original receipts should be retained.) A T4A will be issued in February. Please see the attached consent form to receive your T4A by email.*

### Requirements

1) The Resident or Medical Student must not be receiving financial assistance from his/her own school or program for the same eligible expenses.

### 2) Maximum reimbursement

- Reimbursement is limited to a \$1,700 per Resident/Medical Student per rotation.

### 3) Eligible Expenses

- Airfare > will be reimbursed based on advance-booked, economy airfare to the max of Air Canada Flex Fare or equivalent, the most direct routing + one checked baggage fee per flight leg.
- Ground travel to the Yukon > Ground travel expense reimbursements are capped at price of a round-trip Flex fare air ticket. Should a resident or medical student elect to drive to and from the Yukon s/he will receive the dollar value of an Air Canada economy round-trip Flex fare. Receipts for ground travel do not need to be submitted for reimbursement.
- Taxi Fare > Taxi to/from airport and residence on day of flights only.
- Accommodation – rent is reimbursable, with proper receipts.
- Bicycle Rental > one bicycle rental (with proper receipts) for the elective period from one of the following authorized rental businesses:
  - Cadence Cycles > cadencecycle.squarespace.com
  - Icycle Sport > icyclesport.com

#### **4) Receipts**

- Original receipts should be retained for income tax purposes.
- Do not send smartphone images/scans of receipts as they are poor quality for record keeping.
- Mail documents or email photocopies and/or desktop scanned PDFs of documents.

#### **5) Submission of application**

- Applications must be submitted after completion of the rotation.
- Applications must be received within 3 months of the end of the rotation.

Completed applications and supporting documents can be submitted by mail or email to the following address (we do not use fax).

Fund Manager, Yukon Medical Association  
5 Hospital Road, Whitehorse, YT Y1A 3H7  
funds@yukondoctors.ca

#### **6) Payment by direct deposit**

Under this program all reimbursement payments are made directly to the visiting resident or medical student, We have moved to direct deposit. Please send either of the following for setting up payment:

1. a direct deposit document downloaded from your bank site, OR
2. a good quality smartphone image of a void cheque

#### **7) Email consent form**

Amounts received under the benefit programs are required to be included in your income for 2018. A T4A will be issued in February.

We prefer to send your T4A by email, as an encrypted PDF. Canada Revenue Agency requires signed consent to do so. If you are in agreement, please sign and returned the attached one-time document for our files.

*Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from [www.yukondoctors.ca](http://www.yukondoctors.ca)*

## Application to the Resident/Medical Student Support Program

**Medical Student** \_\_\_\_\_ **Family Medicine Resident** \_\_\_\_\_ **Other Resident (specify)** \_\_\_\_\_

Your Name \_\_\_\_\_

Your Email Address \_\_\_\_\_

If no Prof Corp, your SIN \_\_\_\_\_

Your Prof Corp Name, if applicable \_\_\_\_\_

Your Prof Corp CRA Business # \_\_\_\_\_

Your University Affiliation \_\_\_\_\_

Name of Yukon Preceptor \_\_\_\_\_

Name of Yukon Clinic \_\_\_\_\_

Dates of Rotation \_\_\_\_\_ to \_\_\_\_\_

### Expense Claim

Travel (*receipts required*) \$ \_\_\_\_\_

Accommodation (*receipts required*) \$ \_\_\_\_\_

Bicycle Rental (*receipts required*) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*(maximum \$1,700)*

### Payment

Payment made to: \_\_\_\_\_  
*(Professional Corporation name, if you have one)*

Mailing Address: \_\_\_\_\_

(PLEASE PRINT) \_\_\_\_\_

I have read and understand the attached requirements of the Resident and Medical Student Support Program and agree to abide by all requirements contained therein. Reimbursement from other jurisdictions for the same expenses for the same time period could result in fraud charges.

\_\_\_\_\_  
Name of Resident/Medical Student                      Signature                      Date

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