

## Medical Student Support Program

The Resident / 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 travel and accommodation costs incurred by medical students who are doing elective rotations with resident physicians in the Yukon.

*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 copy of a T4A slip for each year will be mailed to you at the address that is on file and should be received in early March.*

### Guidelines

- 1) The Medical Student must not be receiving financial assistance from their own school or program.
- 2) Expense claims are limited to a MAXIMUM OF \$1,700 per Medical Student per rotation.
- 3) Eligible Expenses
  - Airfare > will be reimbursed based on advance-booked, economy airfare of the most direct routing + one checked baggage fee per flight leg.
  - Ground Transportation > Taxi to/from airport and residence on day of flights only.
  - Ground travel to the Yukon > fuel, accommodation, food expenses (with proper receipts) will be reimbursed only to the maximum of airfare referred to above.
  - 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) Applications must be submitted after completion of the rotation.
- 6) 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

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

## Application for Medical Student Support Program

Your Name \_\_\_\_\_  
Your Email Address \_\_\_\_\_  
Your Social Insurance Number \_\_\_\_\_  
  
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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(PLEASE PRINT) \_\_\_\_\_  
\_\_\_\_\_

I have read and understand the attached guidelines of the Resident 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.

\_\_\_\_\_  
Your Name (please print)                      Signature                      Date

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