

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.

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 + first 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. **NOTE: An example airfare will be generated by the Fund Manager, using standard criteria, on receipt of the Locum Support Fund application.**
- 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) Yukon Vacation Time

- Please note that if you take vacation time in the Yukon prior to or after completing your rotation, expenses during that vacation time are not eligible for reimbursement.

5) Receipts

- Original receipts should be retained for income tax purposes.
- Receipts must state what service/item was purchased.
- Send only photocopies or .pdf scans
- Phone/tablet images will not be accepted (these print/copy poorly for record keeping)

6) 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

7) 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

Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from www.yukondoctors.ca

Application to the Resident/Medical Student Support Program

Medical Student _____ **Family Medicine Resident** _____ **Other Resident (specify)** _____

Your Name _____

Your Email Address _____

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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