

Application for Rural Rotation Reimbursement

In order to receive reimbursement for a portion of your expenses while on a rural rotation, this form **MUST** be completed in full and returned to the Office of Rural & Regional Health (2-115 ECHA) **within 90 days from the last day of your rotation**. Forms received after this deadline will not be considered.

Personal Information

Medical Student FM Resident RC Resident

Name:

U of A Student ID:

Current Mailing Address:

Postal Code:

Rotation Information

Core Rotation Elective Rotation

Specialty:

Location:

(For "other" location, please indicate location & clinic name.)

Start Date:

End Date:

Preceptors:

Primary Preceptor:

(The preceptor who completed your assessment.)

Other Preceptors:

Evaluations:

Have you completed all of your evaluations in Web Eval? Yes No

Reimbursement Checklist

Mode of Transportation:

If "other", please specify here.

Additional Trips (Date/Purpose):

Travel is reimbursed at one return trip per rotation. If you were required to return to the city for department or faculty mandated events, please list the date and the purpose. For those choosing to return for Academic Half Days, and their rotation is taking place more than 80 km out of the city, reimbursement for additional mileage is not provided.

Comments/Additional information: **Please note that at this time, reimbursement for meals is not provided.**

Please return this form to the Office of Rural & Regional Health via e-mail at Rural&RegionalHealth@med.ualberta.ca or in person to the Office of Rural & Regional Health (2-115 ECHA)

The personal information requested in this form is collected by the University of Alberta, Faculty of Medicine & Dentistry, Office of Rural & Regional Health, under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of issuing reimbursement of expenses incurred during your rural/regional rotation. This information is shared with the Alberta Rural Physician Action Plan, who in turn process reimbursement on our behalf. Questions concerning the collection, use or disposal of this information should be directed to: Office of Rural & Regional Health 2-115 ECHA, University of Alberta, Edmonton AB. (780) 492-0678 Fax: (780) 248-1163

OFFICE USE ONLY

Date received: _____

Date forms completed: _____

Expense deductions – amount: \$ _____

– reason: _____

(eg. extraordinary cleaning costs, hospital ID badges/parking passes not turned in)

ELIGIBLE FOR REIMBURSEMENT: YES NO

Forms completed in Web Eval: Yes No

Receipts received: Date: _____

Notes:

Prepared by: