# 2026 Physician Assistant (PA) Career Start

## CONTACT, RECRUITMENT AND FINANCIAL (CRF) FORM

### Instructions:

Please be advised that this completed form and a void cheque is mandatory to be considered for the 2026 PA Career Start program. Only ministry approved employers are eligible and the PA must be a 2026 graduate from an accepted PA program in Ontario.

1. Please review 2026 PA Career Start Guidelines at: https://www.ontario.ca/page/health-human-resources

2. Please complete and type in all requested sections of this form.

3. Please ensure the legal entity name matches the name on the void cheque.

4. Email an electronic copy of this form and an image of a void cheque together to the Ministry of Health at: PACareerStart@Ontario.ca. **Please submit the CRF form and a void cheque by December 18, 2026. Late forms will not be considered.**

# 2026 Physician Assistant (PA) Career Start

## CONTACT, RECRUITMENT, AND FINANCIAL FORM

**Attention:**

**A void cheque AND this completed form must be emailed to the Ministry of Health at: PACareerStart@Ontario.ca by December 18, 2026.**

| **Organization and Contact:** | |
|---|---|
| Legal Name of Organization (must match name provided on void cheque): | |
| Primary Contact Name: | |
| Primary Contact Email: | |
| **Mailing Address:** | |
| Address 1: | |
| Address 2: | |
| City: | |
| Province: | |
| Postal Code: | |
| Attention: | |
| Phone #: | |

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## CONTACT, RECRUITMENT, AND FINANCIAL FORM

| Signatory Information | Contract Signatory #1 (authorized to sign contract): | Contract Signatory #2 (if applicable): |
|---|---|---|
| Name: | | |
| Title: | | |
| Phone: | | |
| Email: | | |

| Financial | Financial Signatory #1 (authorized to sign financials): | Financial Signatory #2 (if applicable): |
|---|---|---|
| Name: | | |
| Title: | | |
| Phone: | | |
| Email: | | |

| Contact for Monthly Confirmation | Confirmation Contact #1 (for monthly confirmations): | Confirmation Contact #2 (if applicable): |
|---|---|---|
| Name: | | |
| Title: | | |
| Phone: | | |
| Email: | | |

# 2026 Physician Assistant (PA) Career Start
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**Recruitment**

| | |
|---|---|
| Number of McMaster resumes received: | |
| Number of Consortium of PA Education resumes received: | |
| Number of interviews conducted: | |
| Number of employment offers extended: | |

**Hiring**

| | |
|---|---|
| PA Name: | |
| PA Start Date: | |
| Annual Salary: | |
| Is this a 2-year hire? | Yes ☐ No ☐ |

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## CONTACT, RECRUITMENT, AND FINANCIAL FORM

**Banking Information (Required by Ministry of Health to complete electronic deposits)**

**BANK / FINANCIAL INSTITUTION**

| | |
|---|---|
| Bank/Financial Institution Name: | |
| Address 1: | |
| Address 2: | |
| City: | |
| Province: | |
| Postal Code: | |
| Branch #: | |
| Bank #: | |
| Account #: | |

**Mandatory Information - Canada Revenue Agency Business Number (CRA – BN)**

| | |
|---|---|
| CRA – BN (Yes/No)<br>If Yes, Enter Number Below: | Yes ☐ No ☐ |
| CRA – BN: | |
| CRA Firm Name: | |

**Attention:**

**A void cheque AND this completed form must be emailed to the Ministry of Health at: PACareerStart@Ontario.ca by December 18, 2026**