Ontario

Ministry of Health

Application for Northern and Rural Recruitment and Retention Initiative

Please return signed copies to:
Primary Health Care Branch
Northern Health Programs
NHP@ontario.ca

Section 1 - Personal Information

Last Name	First Name	Middle Initial

Home Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Email Address

Practice Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	CPSO Number	OHIP Billing Number

Start Date of Full-Time Practice in Community (yyyy/mm/dd)

What is your immigration status in Canada?

☐Canadian Citizen ☐Permanent Resident ☐Other ▶

I hereby apply to the Ministry of Health for the Northern and Rural Recruitment and Retention Initiative (NRRR Initiative) for a:

☐Full-time family practice ☐Full-time specialist (indicate specialty) ▶

Have you previously received funding under any of the following programs: the Underserviced Area Program's (UAP) Incentive Grant Program and/or the Free Tuition Program and/or the NRRR Initiative?

☐No ☐Yes (provide the duration of participation in the following)

Program/Initiative	Number of years	Date (yyyy/mm/dd)	
		From	To
Incentive Grant			
Free Tuition Program			
NRRR Initiative			

Have you ever received funding under an Incentive Grant, the Free Tuition Program or the NRRR Initiative under a different name?

☐No ☐Yes (indicate previous name) ▶

The following documents are also required:

1. Proof of hospital privileges (if applicable)
2. Letter of community acceptance or letter from Primary Health Care Group (if applicable)
3. Confirmation of start date
4. An imprinted blank voided cheque for the bank account to which the funds will be deposited.

Section 2 - Consent

The Ministry of Health is authorized to collect the personal information requested in this form for the purpose of properly administering the Ministry's NRRR Initiative under subsection 6(1), paragraph 4 or clause 6(2)(b) of the *Ministry of Health and Long-Term Care Act*, R.S.O. 1990, c. M. 26. The personal information will be used to assess, verify and monitor eligibility for participation in the NRRR Initiative and for payment. For information about this collection, please contact Northern Health Programs at 705 564-7280 or 1 866 727-9959, or NHP@ontario.ca.

I agree to cooperate fully with the Ministry of Health, or its agents, in any evaluation of the program. Furthermore, I consent to the disclosure of my personal information, contained in any Ministry of Health files pertaining to the NRRR Initiative for the purposes of evaluation of the program.

Signature	Name	Date (yyyy/mm/dd)

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