

2023 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 in order to be considered for the 2023 PA Career Start program. Only ministry approved employers are eligible and the PA must be a 2023 graduate from an accepted PA program in Ontario.

- 1. Please review 2023 PA Career Start Guidelines at: http://www.health.gov.on.ca/en/pro/programs/hhrsd/physicians/physician_assistant_career_start.aspx
- 2. Please complete 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 once the PA has begun employment and no later than December 1, 2023. Late forms will not be considered.

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 once the PA has begun employment and no later than December 1, 2023.

Organization and Contact	
Legal Name of Organization:	
(must match name provided on void cheque)	
Primary Contact Email:	
Trimary Contact Email.	
Mailing Address: (Where conti	ract will be sent)
Address 1:	
Address 2:	
City:	
Province:	
Postal Code:	
Attention:	
Phone #	
Fax #	

CONTACT, RECRUITMENT, AND FINANCIAL FORM

	,	
Signatory Information	Contract Signatory #1: (Authorized to sign contract)	Contract Signatory #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		
<u>Financial</u>	Financial Signatory #1: (Authorized to sign financials)	Financial Signatory #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		
Contact for Monthly	Confirmation Contact #1:	
Confirmation	(For monthly confirmations)	Confirmation Contact #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		

CONTACT, RECRUITMENT, AND FINANCIAL FORM

Recruitment						
Number of McMaster resumes received:						
Number of Consortium resumes received:						
Number of interviews conducted:						
Number of employment offers extended:						
<u>Hiring</u>						
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 monthly electronic deposits)

BANK/FINANCIAL INSTITUTION	
Name	
Address 1:	
Address 2:	
City:	
Province:	
Postal Code:	
Branch#	
Bank#	
Account#	
Mandatory Information - Ca	anada Revenue Agency Business Number (CRA-BN)
CRA - BN (Yes/No)	Yes No
If Yes, enter Number Below	
CRA - BN	

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