CONTINUING MEDICAL EDUCATION FUND

The Continuing Medical Education Fund is provided through an agreement between the Saskatchewan Medical Association and the Government of Saskatchewan. Physicians may make one or more applications during a calendar year (January 1 to December 31) or may allow the funds to carry over and to accumulate for a maximum of two years. (ie. a physician can “bank” one year’s entitlement and claim for two years in the subsequent year. The maximum carry-over period is one year.) Applications must be received by January 15 after the year in which funds applied for are due to expire.

All eligible physicians are urged to take advantage of the Fund. Guidelines are given below. Further information may be obtained from the Saskatchewan Medical Association, 201-2174 Airport Drive, Saskatoon, Saskatchewan S7L 6M6, telephone 244-2196 or 1-800-667-3781.

Guidelines

Income Tax:
Money received from the CME Fund, must be declared as income for tax purposes. Physicians may continue to claim educational costs as allowed under current tax regulations; therefore, original receipts should be retained.

Employed physicians, not eligible to claim education costs as expenses, do not have to declare money received from this fund as income. Receipts sent in to document expenses will not be returned. Therefore, we suggest that you submit photocopies.

Eligibility and Amounts Available
To apply, a physician must:
(a) reside in Saskatchewan at the time the application is made.
(b) be providing clinical services or engaged in an administrative role that interacts with physicians providing clinical services.
(c) be licensed with the College of Physician and Surgeons of Saskatchewan and be resident and practising in Saskatchewan for at least six months.

Physicians leaving the province must submit claims prior to relocation.

Exceptions to these requirements are subject to review by the Physician Benefits Committee.

The amount a physician is entitled to in any calendar year is based on level of activity.

Practice Activity

<table>
<thead>
<tr>
<th>Salaried/Contract</th>
<th>Entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time (Over 20 hrs/week)</td>
<td>Full benefits</td>
</tr>
<tr>
<td>Part-time (10-20 hrs/week)</td>
<td>Half benefits</td>
</tr>
<tr>
<td>Casual (less than 10 hrs/week)</td>
<td>Ineligible</td>
</tr>
</tbody>
</table>

Fee for Service

<table>
<thead>
<tr>
<th>Gross Payments to MSP</th>
<th>Entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over $60,000.00</td>
<td>Full benefits</td>
</tr>
<tr>
<td>$30,000.00 - $60,000.00</td>
<td>Half benefits</td>
</tr>
<tr>
<td>Less than $30,000</td>
<td>Ineligible</td>
</tr>
</tbody>
</table>

Physicians who start after July 1st would be eligible for a maximum half entitlement in their first year of practice. Those entering practice after October 1st are eligible only in the next calendar year.

General Information:
Funds are provided only with respect to expenses already incurred for continuing medical education. In order to be acceptable, expenses must have been incurred since the beginning of the year for which money is available.

The educational function (meeting, course) or materials for which CME benefits are claimed must be relevant to the applicant's practice. Examination fees (as a rule) are not eligible for reimbursement. Some exceptions may apply. Any application for a CME experience which is not sponsored or co-sponsored by a recognized medical educational body (i.e. university, hospital, provincial/state/local medical society or association, etc.) must be accompanied by a statement of:
(a) educational objectives,
(b) techniques for the attainment of those objectives,
(c) ways in which the applicant's practice of medicine will be significantly changed.
(d) how the applicant would know that his/her educational objectives had been met.

Group educational ventures may be undertaken. A special form is available whereby physicians participating in the group educational experience sign the form and assign a portion of their CME entitlement to the group experience.

Registration - Copies of registration receipts and other documentary evidence showing the name of the organization, date, location of meeting or course and verification of attendance must be submitted. Social activities included in the registration fee will not be honoured.

Transportation - May include the lesser of economy airfare (air itinerary/cost details required) or automobile travel at $0.4227 cents per kilometre, taxi and parking (receipts required). Travel on private aircraft will be paid at the lesser of available commercial air rates or automobile travel rates. Aeroplan flights do not qualify for reimbursement.

Maintenance - Includes lodging, meals, gratuities (no receipts required). A daily meal allowance of up to $30.00 may be claimed by doctors attending local courses, etc. when the full maintenance allowance ($300/day) is not appropriate.

Overhead - May be claimed by self-employed physicians per regular working day away from practice (no receipts required). Applies only to travel days via the most direct route and days actually attending the CME function.

Purchases - the purchase/subscription of books, journals or medical software are eligible expenditures. Up to $750 may be used to purchase computers, lap tops & handheld devices. Accessories to these do not qualify. Office-related software is not deemed appropriate and will not be covered. Copies of receipts are required.
APPLICATION FOR BENEFITS - CONTINUING MEDICAL EDUCATION FUND

MAXIMUM ENTITLEMENT PER ANNUM

$3000

Please type or print:

Name: ________________________________
Address: ________________________________ Office/Cell Phone #: ________________________________
Postal Code: ___________________________ Email Address: ___________________________

Cheque Payable To:

As Above _____ (or) Corporation Name_____________________________________________________

Type of Practice: Fee-for-Service _____ Contract _____ Salaried _________

Purpose for which reimbursement is requested: (Title of meeting or course, location and date: purchase of subscription to C.M.E. materials). Physicians are requested to complete a SEPARATE FORM for each educational experience for which a claim is being submitted, and to ensure that COMPLETE DOCUMENTATION is provided.

__________________________________________
__________________________________________
__________________________________________

Cost Details: * For more information see over 2017 Rates

Registration fees (copy of receipt & verification of attendance required) .............. ........... $______________

Credit Card Statement needed for currency exchange

Transportation (taxi/airline receipts and itineraries needed) .................. .............. $______________

Maintenance (____# of days) .................. .............. $300 .................. .............. $______________

(Flat rate for hotel/food for days that apply to attending a conference)

Overhead (____# of days) .................. .............. $200........ .................. .............. $______________

(Flat rate applied to regular working days away from practice for physician with office overhead)

Purchases (receipts required) .................. .............. $______________

.................. .............. $______________

.................. .............. $______________

Total: $______________

Amount Requested: $______________

Date: ________________________________ Signature: ________________________________

Return to: Continuing Medical Education Fund

201-2174 Airport Drive
Saskatoon, Saskatchewan
S7L 6M6

Please submit expenses on a regular basis and not all at years end to ensure you maximize on your entitlements.

(office use)

Received: ________________________________ Approved: ________________________________ Code: ________________________________

Cheque #: _______ Amount: ___________ Date: ________________________________

Opening Balance: ________________________________

Claims should not be made for expenses that are reimbursed from another agency/district.