

SASKATCHEWAN MEDICAL ASSOCIATION
CONTINUING MEDICAL EDUCATION
APPLICATION FOR BENEFITS

First name: _____ **Last name:** _____

Cheque payable to: as above

OR Corporation name: _____

Address: _____ **City:** _____ **Postal code:** _____

Phone: _____ **Email:** _____

CLAIM DETAILS (Complete a separate form for each claim)

Description/Name of event: _____

Location: _____ **Event dates:** _____

Registration fees: \$ _____

(copy of receipt and verification of attendance required - credit card statement required for currency exchange)

Transportation (airline): \$ _____

(airline receipts and itineraries required - credit card statement required for currency exchange)

Transportation (taxi/vehicle rental) \$ _____

Transportation (mileage) \$0.4625/km x # _____ km = \$ _____

Accommodation and meals # _____ days x \$300 = \$ _____

(flat rate for days attending event)

Days away from practice: # _____ days x \$200 = \$ _____

(flat rate for regular working days away from practice to offset physician overhead)

Reference materials: \$ _____

(receipts required - credit card statement required for currency exchange where applicable)

Computer/hardware: \$ _____

(receipts required - credit card statement required for currency exchange where applicable)

Total: \$ _____

Signature: _____ **Date:** _____

Return to:

Continuing Medical Education Fund
 Email: cme@sma.sk.ca
 Fax: 1-306-653-1631

OFFICE USE	
Received: _____	Code: _____
Opening balance: _____	_____



SASKATCHEWAN
 MEDICAL ASSOCIATION

Continuing Medical Education Fund

- One application per CME activity is accepted; include all related expenses and copies of associated receipts with the application. Further submissions related to the same CME activity will not be accepted.
- Funds are allocated per calendar year. Unused funds from a previous year will carry over for one year only.
- Applications with all supporting documentation must be received by January 15 after the year in which applied funds are due to expire. (i.e. unused funds from the previous year are carried over and added to the following years funds. Any previous funds not used by January 15, of the following year will expire.)
- Physicians who start practice after July 1 would be eligible for a maximum half entitlement in their first calendar year. Those starting practice after October 1 are eligible only in the next calendar year.
- Physicians, whose eligibility requirements change such as leaving the province, must submit applications with all supporting documentation prior to the effective date of change or relocation.

Reimbursable expenses

- **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 (copies of air itinerary/cost details required) or automobile travel at the current mileage rate, taxi and parking (copies of 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.
- **Foreign Currency** – Copies of credit card statement or currency exchange at time of booking/purchasing must be included. Any claims sent without will be converted by SMA on receipt of claim.
- Where receipts are needed as supporting evidence – please do not send originals, as these will not be returned.

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 Physicians and Surgeons of Saskatchewan and be a resident and practising in Saskatchewan for at least six months.
- d. The amount a physician is entitled to in any calendar year is based on level of activity:

Salaried/Contract

- | | |
|----------------------------------|----------------------------|
| • Full-time (Over 20 hrs/week) | Full Benefits \$3,000/year |
| • Part-time (10-20 hrs/week) | Half Benefits \$1,500/year |
| • Casual (less than 10 hrs/week) | Ineligible |

Entitlement

Fee for Service

Gross payments to MSP:

- | | |
|-----------------------|----------------------------|
| • Over \$60,000 | Full Benefits \$3,000/year |
| • \$30,000 - \$60,000 | Half Benefits \$1,500/year |
| • Less than \$30,000 | Ineligible |

Entitlement

Further information may be obtained from the Saskatchewan Medical Association at or 1-800- 667-3781, or



SASKATCHEWAN
MEDICAL ASSOCIATION