

**2012 CME Program Product Claim Form**  
**Funding Year January 1, 2012 – December 31, 2012**

**Submit your completed claim form to the email or postal address provided at the bottom of this form by April 30, 2013. Incomplete claim forms will be returned.**

Name: \_\_\_\_\_ OHIP#: \_\_\_\_\_ Claim # \_\_\_\_\_  
 (Last Name, First Name) (Office Use Only)

Primary Office Address in 2012: \_\_\_\_\_ RIO2008 Score for office address: \_\_\_\_\_  
 Find your RIO score at <https://www.oma.org/PublicApp/nlp/NLPWF003.aspx>  
 \_\_\_\_\_ Tel: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mail my cheque to my home address [ ] *If you choose this option, you must provide your home address at the bottom of this form or it will be mailed to your office address.*

In 2012 my practice is: Full Time [ ] Part Time [ ] Locum [ ] Patient Care Hours/Week: \_\_\_\_\_

I have applied for the Northern Physician Retention Initiative Yes  No

**Submission Deadline for Reimbursement Claim is April 30, 2013**

*Please refer to the 2012 CME Guidelines before completing this claim form. Do NOT submit receipts or proof of payment; original receipts will be returned to you. However, you must retain your receipts and proof of payment as the Ministry may audit any reimbursed claim.*

Claim Enter the amount claimed for each applicable item	Allowable Claim	For Office Use Only Entitlement Amount \$ _____
<b>RIO2008 Score Greater than 0</b>		
<b>Medical Journals</b> (list journal titles below; attach a separate list if you need more space)  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>Journals with a CME or medical subject matter</li> </ul>	Awarded: \$ _____ Discrepancy: \$ _____ Reason:
<b>Medical Textbooks</b> (list textbook titles below; submit a separate list if you need more space)  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>Textbooks with a CME or medical subject matter</li> </ul>	Awarded: \$ _____ Discrepancy: \$ _____ Reason:
<b>Medical &amp; Educational Computer Software</b> (list below; submit a separate list if you need more space)  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>CME software for PCs, PDAs, handheld devices, Laptops and Tablets</li> <li>CME related CDs, DVDs, audio and video tapes</li> </ul>	Awarded: \$ _____ Discrepancy: \$ _____ Reason:

NAME: \_\_\_\_\_

OHIP# \_\_\_\_\_

Claim# \_\_\_\_\_

(Office Use Only)

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Please refer to the 2012 CME Guidelines before completing this claim form. Do **NOT** submit receipts or proof of payment; original receipts will be returned to you. However, you must retain your receipts and proof of payment as the Ministry may audit any reimbursed claim.

<b>Claim</b> Enter the amount claimed for each applicable item	<b>Allowable Claim</b>	<b>For Office Use Only</b> Entitlement Amount \$ _____
<b>Internet Literature Searches Self-Evaluations</b>  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>On-line literature searches (e.g. libraries, hospitals, etc.)</li> </ul>	Awarded:            \$ _____ Discrepancy:        \$ _____ Reason:
		Sub Total Awarded: \$ _____
<b>RIO2008 Score of 40 or Greater or NPRI Eligible</b>		
<b>Internet Access Service</b>  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>Maximum of \$50/month (\$600/year) for <b>one</b> internet connection</li> <li>Bundled packages are not considered unless you provide a breakdown of the internet charges</li> </ul>	Awarded:            \$ _____ Discrepancy:        \$ _____ Reason:
<b>Handheld Device</b>  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li>Maximum of \$500 per year for <b>one</b> device (e.g. PDA, Blackberry, iPod, Kindle, e-reader, etc.) with the ability to download CME related software for the purposes of point-of-care learning</li> <li>Additional memory</li> </ul>	Awarded:            \$ _____ Discrepancy:        \$ _____ Reason:
<b>Laptop/Tablet</b>  <b>Total Claimed:</b> \$ _____ in Canadian funds	<ul style="list-style-type: none"> <li><b>One</b> laptop, notebook, tablet, or iPad to a maximum of \$1,500 (incl. taxes) <b>once every three years</b></li> </ul>	Awarded:            \$ _____ Discrepancy:        \$ _____ Reason:
<b>TOTAL CLAIMED:</b> \$ _____ in Canadian funds		<b>TOTAL AWARDED:</b> \$ _____  <b>TOTAL DISCREPANCY:</b> \$ _____

Mail my cheque to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2012 CME Program Product Claim Form**  
**Funding Year January 1, 2012 – December 31, 2012**Name: \_\_\_\_\_ OHIP#: \_\_\_\_\_ Claim # \_\_\_\_\_  
(Office Use Only)**Consent and Declaration:**

In signing this claim form, I confirm that all information provided, including the expenses described, is true and accurate and that I have not been reimbursed from any other source for the expenses claimed herein.

I understand that I must retain all receipts and proof of payment for expenses reimbursed through this claim and that the Ministry of Health and Long-Term Care may audit this claim and request repayment for any expense that I cannot validate with a receipt or proof of payment.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please e-mail or mail your signed claim form and all required documentation by **April 30, 2013** to:

**CME Program**  
**Ministry of Health and Long-Term Care**  
**1075 Bay Street, Suite 301**  
**Toronto ON M7A 0A5**  
**E-mail [cme@ontario.ca](mailto:cme@ontario.ca)**  
**Tel: (416) 326-9052**

**NOTE: Incomplete or unsigned claim forms will be returned.****For office use only:**

Assigned to: _____	Date Assigned: _____	Date Completed: _____
Entitlement Level \$ _____	YTD Awarded: \$ _____	YTD + Current Award \$ _____
CME Validation: _____	Date Approved: _____	