

2025 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 to be considered for the 2025 PA Career Start program. Only ministry approved employers are eligible and the PA must be a 2025 graduate from an accepted PA program in Ontario.

1. Please review 2025 PA Career Start Guidelines at: <https://www.ontario.ca/page/health-human-resources>
2. Please complete and type in 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 by December 8, 2025. Late forms will not be considered.**

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Attention:

A void cheque AND this completed form must be emailed to the Ministry of Health at:
PACareerStart@Ontario.ca by December 8, 2025.

Organization and Contact	
Legal Name of Organization: (must match name provided on void cheque)	
Primary Contact Email:	
Mailing Address:	
Address 1:	
Address 2:	
City:	
Province:	
Postal Code:	
Attention:	
Phone #	

2025 Physician Assistant (PA) Career Start

CONTACT, RECRUITMENT, AND FINANCIAL FORM

Signatory Information	Contract Signatory #1: (Authorized to sign contract)	Contract Signatory #2: (If applicable)
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Financial	Financial Signatory #1: (Authorized to sign financials)	Financial Signatory #2: (If applicable)
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact for Monthly Confirmation	Confirmation Contact #1: (For monthly confirmations)	Confirmation Contact #2: (If applicable)
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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Recruitment

Number of McMaster resumes received:	
Number of Consortium of PA Education resumes received:	
Number of interviews conducted:	
Number of employment offers extended:	

Hiring

PA Name:	
PA Start Date:	
Annual Salary:	
Is this a 2-year hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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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 - Canada Revenue Agency Business Number (CRA-BN)	
CRA – BN (Yes/No) If Yes, enter Number Below	Yes <input type="checkbox"/> No <input type="checkbox"/>
CRA BN	
CRA Firm Name:	

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PACareerStart@Ontario.ca by December 8, 2025.