Ontario

Ministry of Health

Application for Northern Physician Retention Initiative

April 1, 2024 - March 31, 2025

Please return signed application to:

Ministry of Health
Primary Health Care Branch
Northern Health Programs
Fax: 705-564-7493
Email: NPRI@ontario.ca

To complete this application, read and sign the declaration on the next page.

Payments will be deposited through the OHIP claims payment system and will appear in the "Accounting Adjustments" section of your OHIP Remittance Advice.

It is your responsibility to ensure your banking information is correct.

Deadline for Submission March 31, 2025

Physician Contact Information

Last Name	First Name	Middle Initial

Office Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Email Address

CPSO Licence Number	OHIP Billing Number	RCPSC Member ID Number (if applicable)

FP/GP or Specialty

Home Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number

Did you receive other Incentives or Grants (eg: NRRRI) during the period Apr 1, 2024 to Mar 31, 2025?

☐ No ☐ Yes (specify details) ☐ Incentives (specify) _____ Start Date (mm/yyyy) _____ End Date (mm/yyyy) _____

☐ Grants (specify) _____

Do you currently hold **active** Hospital Staff Privileges? (**Note**: Proof of **active** hospital privileges must be attached.)

☐ Yes Hospital Name _____ Chief of Staff _____

☐ No If No, have you practiced full-time in Ontario for more than 25 years? ☐ No ☐ Yes (specify start date mm/yyyy) _____

Did you previously hold **active** Hospital Staff Privileges? (**Note**: Proof of hospital privileges must be attached.)

☐ No ☐ Yes (specify how many years) _____ yrs

What is your current Medical Staff Category? _____

Hospital Name _____ Chief of Staff _____

Have you practiced full-time in Northern Ontario continuously for the past four years (beginning April 1, 2021)? ☐ Yes ☐ No

Will you continue to practice full-time in Northern Ontario for the period up to and including March 31, 2025? ☐ Yes ☐ No

If you have practiced in a location(s) other than your current community during the past four years, provide details:

Declaration and Consent

I acknowledge that in order to receive the annual Northern Physician Retention Initiative (NPRI) incentive, it is my personal responsibility to meet the deadlines and conditions set out in this document.

I hereby declare that:

1. I practice full-time in Northern Ontario (Northern Ontario is defined as the Districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming);
2. I have worked in full-time practice in Northern Ontario continuously for the past four years and will continue to do so until March 31, 2025;
3. I hold a valid certificate of registration to practice medicine in Ontario from the College of Physicians and Surgeons of Ontario;
4. As a specialist, I hold a certificate from the Royal College of Physicians and Surgeons of Canada (RCPSC);
5. I hold an OHIP billing number and have billing privileges;
6. a) I hold current Active Hospital Staff Privileges **(Proof of active hospital privileges attached)**.

   or

   b) I have been in practice in Ontario for more than 25 years during which time I held Active Hospital Staff Privileges; I maintain another recognized medical staff category in the hospital **(Proof of hospital privileges attached)**; and, I continue to maintain a full-time community practice.

Consent:

The Ministry of Health is authorized to collect the personal information requested in this form for the purpose of properly administering the Ministry's NPRI under subsection 6(1), paragraph 4 or clause 6(2)(b) of the *Ministry of Health and Long-Term Care Act*, R.S.O. 1990, c. M.26. The personal information will be used to assess, verify and monitor eligibility for participation in the NPRI and for payment. For information about this collection, please contact Northern Health Programs at: 705-564-7280 or toll free at: 1-866-727-9959 or by email: NPRI@ontario.ca

I agree to cooperate fully with the Ministry of Health, or its agents, in any evaluation of the program. Furthermore, I consent to the disclosure of my personal information, contained in any Ministry of Health files pertaining to the NPRI for the purposes of evaluation of the program.

I authorize and agree to the collection and/or sharing of information between the Ministry of Health and other sources (which may include Chief of Staff, Hospital Administrator) in order to determine my eligibility for NPRI.

I understand that if I no longer meet the requirements, I will not be eligible to receive the NPRI incentive.

I understand that if I receive money for NPRI that I am not entitled to receive, the Ministry may recover the amount to which I am not entitled by any lawful means, including but not limited to deduction from any amounts otherwise payable to me by OHIP or under an Alternate Funding Arrangement.

I will notify the NPRI Program (at the email address listed above) of any changes to information provided in this application form in writing.

I certify that the information provided in this application is true and accurate.

Physician Signature: _____ Date: _____

Deadline for Submission March 31, 2025

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