

# **2024 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 2024 PA Career Start program. Only ministry approved employers are eligible and the PA must be a 2024 graduate from an accepted PA program in Ontario.

- 1. Please review 2024 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: <a href="mailto:PACareerStart@Ontario.ca">PACareerStart@Ontario.ca</a>. Please submit the CRF form and a void cheque by November 30, 2024. Late forms will not be considered.

### CONTACT, RECRUITMENT, AND FINANCIAL FORM

#### **Attention:**

A void cheque AND this completed form must be emailed to the Ministry of Health at: PACareerStart@Ontario.ca by November 30, 2024.

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 #		

CONTACT, RECRUITMENT, AND FINANCIAL FORM

	,	
Signatory Information	Contract Signatory #1: (Authorized to sign contract)	Contract Signatory #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		
Financial	Financial Signatory #1: (Authorized to sign financials)	Financial Signatory #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		
Contact for Monthly	Confirmation Contact #1:	
Confirmation	(For monthly confirmations)	Confirmation Contact #2: (If applicable)
Name:		
Title:		
Phone:		
Email:		

CONTACT, RECRUITMENT, AND FINANCIAL FORM

Recruitment	
Recluitment	
Number of McMaster resumes received:	
Number of Consortium 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 No

#### 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)	Yes No			
If Yes, enter Number Below				
CRA - BN				

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