HEALTH CARE PRACTICUM FUNDING APPLICATION 2016/2017

The Health Care Practicum Funding program is offered by Alberta Health Services (AHS), through funding provided by the Northern Alberta Development Council (NADC). The purpose of this program is to support students considering a northern placement location for their practicum.

Decisions on applications are made on an ongoing basis. Funding is available only for practicum placements in certain healthcare centers and programs within the geographical boundary of the NADC. Funding approval is not automatic. Funds are limited and applications may be prioritized based on practicum location **and** programs of study linked to a health career in high demand by Alberta Health Services. Applicants will be notified by March 1st of each year. If your program or facility is not identified on the attached listing please contact student.strategies@albertahealthservices.ca to confirm funding eligibility.

In order to verify your eligibility for Health Care Practicum Funding program, Alberta Health Services requires the following personal information: your practicum information and faculty approval, your contact and education Information, whether you are a Visa student, and your funding request. If your application is successful, your Social Insurance Number (SIN) will be required in order to issue you a T4A for income tax purposes. All statistical information will be used in an aggregated manner. Your personal information is subject to the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection of this information you may contact Alberta Health Services North Zone at student.strategies@albertahealthservices.ca.







| SECTION 1 | Practicum Information | nn and | l Faculty Δη | nro | val (Faculty Placemen | nt Coordinator to com | nlete) | |
|-------------------------------------|-----------------------------------|-----------|-------------------------|--------|----------------------------|---|-------------------------|--|
| | (Refer to the location list for a | | , , | • | ement Community | iii coordinator to com | pietej | |
| Placement Facility | (Refer to the location list for a | ipproved | a facilities) | Place | ement Community | | | |
| Practicum Placement Dates Fr | | | From: (Day/Month/Year) | |) | To: (Day/Month/Year) | | |
| | | | | | | | | |
| University or Colle | ge | | | | Faculty | | | |
| Placement Coordinator's Name P | | Phone | hone | | Placement Coordinator's | Signature | Today's Date | |
| | | () | | | | | | |
| SECTION 2 | Contact Information | (Stude | nt to complete | e) | | | | |
| Given Name | | Last | Name | | | | | |
| Apartment or Box | Number | Stre | et Address | | | Town/City | | |
| | | | | | | ,, | | |
| Province Postal Code | | Ema | ail | | | Phone | | |
| | | | | | | () | | |
| What is your home | e community? | | | | | | | |
| SECTION 3 | Education Information | n (plea | ase refer to the | e pro | ogram list for approved | programs) | | |
| Name of Post-seco | | | | • | Campus Location | , , | | |
| , | | | | | | | | |
| Program Enrolled in (be specific) | | | Program Type ☐ Certific | | | cate Diploma Degree Masters | | |
| Length of program in years: 1 2 3 4 | | | What year of | your | program are you in? | re you in? When will you graduate? (Month/Year) | | |
| | | | | | | | | |
| SECTION 4 | Funding Request (elig | | | | | | | |
| | eason you have chosen to pur | - | | | | | | |
| | ed in the area previously | | I have family i | | | | | |
| │ | explore new opportunities | L | ☐ The funding o | ppoi | rtunity interests me | | | |
| | on funding is available if | vou h | ave to maint | ain | two residences durin | a vour practicum /roce | pints required for both | |
| locations) | on fulluling is available in | you ii | ave to maint | aiii | two residences durin | ig your practicum (rece | ipts required for both | |
| I must maintain my | y current residence and pay fo | r accom | modation during | g all/ | part of my practicum place | ment | | |
| □No □Yes | If Yes, complete the follow | | | | | | | |
| l — ' | second practicum placement | | | | | | | |
| ☐First (claim \$20, | | | | | | | | |
| If this is your secor | nd practicum placement, wher | e was yo | our first? Fac | cility | | Community | | |
| | | | | | | <u> </u> | Accommodation Cost | |
| Length of maintain | ing 2 residences Wee | ks x 7 da | ys per week = _ | | days x \$ (\$20 or | \$25/day) | Total | |

Please complete the Funding Request and Declarations on the reverse.

| Travel funding of \$.505 per km is available | | | | |
|---|---|-----------------|--|--|
| Residence during program | Residence during practicum | | | |
| Relocating to northern Alberta: | Distance one waykm x 2 (return trip) = km x \$.505 | Travel \$ | | |
| Commuting within northern Alberta: Distance one way | km x 2 (return trip) =km x \$.505 = \$x _ days | Travel \$ | | |
| Relocating from outside of Alberta | Total airfare (receipts required) | Travel \$ | | |
| Healthcare Center parking fees (receipts required) | \$ parking/day x days | Travel \$ | | |
| Total Cost (Accommodation + Travel) | | Total \$ | | |
| Maximum Funding/Duration: ☐\$1200 (0 - 3 months) ☐\$1800 (3 - 6 months) ☐\$2500 (6+ months) | | | | |
| | | | | |
| Total Request (Lesser of Total and Maximum) | | Request \$ | | |
| <u> </u> | se ensure you have answered all the questions) | | | |
| SECTION 5 Declaration of Applicant (Plea I declare that the information given on this application is true I understand that If I make a false or misleading statement in this application financial assistance and/or be required to immediately repair Personal information and documents may be disclosed and Health Services. | e and complete. or fail to disclose information as requested by Alberta Health Services, | I may be denied | | |

WHAT'S NEXT?

Scan your Health Care Practicum Funding Application and send it to Alberta Health Services by email (preferred) to student.strategies@albertahealthservices.ca. Any questions about practicum funding should also be directed to the above email address. You will receive a response by email or telephone.

- Practicum for the 2016/2017 Health Care Practicum Funding Program must be completed between April 1, 2016 and March 31, 2017. The deadline for 2016/2017 applications is February 15, 2017. Applications for funding of practicum after April 1, 2017 will apply under the 2017/2018 funding cohort. Please check www.benorth.ca for updated forms.
- Decisions on applications are made on an ongoing basis. Funds are limited and applications may be prioritized based on practicum location and field of study. All decisions will be finalized by March 1st of each year.
- You will receive notification of your application's approval from Talent Acquisition – Student Engagement.
- If approved, full payment of the funding is made upon completion of the
 practicum, receipt of a declaration form signed by your supervisor which
 includes your SIN and all applicable receipts, as well as receipt of a
 completed evaluation related to this funding program.

HEALTH CARE PRACTICUM PLACEMENT FUNDING 2016/2017

These listings identify locations and programs considered for Practicum Placement Funding.

Alberta Health Services reserves the right to prioritize amongst these and other qualifiers as required.



LOCATIONS

Athabasca Healthcare Centre Beaverlodge Municipal Hospital/Community Health Bonnyville Community Health Services/Extendicare Boyle Healthcare Centre Buffalo Lake Settlement Community Health Central Peace Health Complex, Spirit River Cold Lake Healthcare Centre/Community Health Elk Point Healthcare Centre/Community Health Fairview Health Complex Fishing Lake Métis Settlement Community Health Services Fort Vermillion Community Health Centre Fox Creek Healthcare Centre Grande Cache Community Health Complex Grande Prairie Community Health Centre/Care Centre Grimshaw/Berwyn & District Community Health Centre High Prairie Health Complex Hythe Continuing Care Centre Kikino Métis Settlement La Crete Continuing Care Centre Lac La Biche Healthcare Centre Manning Community Health Centre Northern Lights Regional Health Centre, Fort McMurray Northwest Health Centre, High Level Peace River Community Health Centre Queen Elizabeth II Hospital, Grande Prairie Sacred Heart Community Health Centre, McLennan Slave Lake Healthcare Centre/Family Care Clinic St. Paul Community Health/St Therese Healthcare Centre St. Theresa General Hospital, Fort Vermillion Swan Hills Healthcare Centre Valleyview Health Centre/Community Health Wabasca Desmarais Healthcare Centre/Community Health Whitecourt Healthcare Centre/Community Health Worsley Community Health Services

PROGRAMS

Audiology Biomedical Engineering Technology Combine Laboratory & X-Ray Technology Diagnostic Medical Sonography **Environmental Health** Health Information Management Licensed Practical Nurse Medical Laboratory Technology Medical Radiation Technology **Nurse Practitioner** Nursing Attendant / Health Care Aide Nutrition – Dietetics Specialization Occupational Therapy Paramedic (EMT-P) Pharmacy Pharmacy Technology **Physical Therapy** PT, OT, SLP Therapy Assistant **Recreation Therapist** Registered Nurse Registered Psychiatric Nurse Respiratory Therapy Social Worker Speech/Language Pathology

