

Application for Parental Leave Program

Please print

Name	AMA membership no.
Address <input type="checkbox"/> Home <input type="checkbox"/> Office	Social Insurance no.
	Phone
Postal code	Email

Payments will be made by direct deposit (electronic funds transfer) to your **personal** account.

→ *Please attach a void cheque.*

Parental Leave information (*Documentation should be available to the AMA upon request*)

Actual or expected date of child's birth or placement	_____
	<i>(month/day/year)</i>
Actual or expected start date of parental leave	_____
	<i>(month/day/year)</i>
Actual or expected date of return to work	_____
	<i>(month/day/year)</i>

Declaration

1. I hereby certify that I have received payment for the provision of Insured Services, whether billed on a fee-for-service basis, paid through Alberta Health Services (AHS) or another paying agency, within the 12 months immediately prior to taking parental leave.
2. I will notify the AMA by calling Deanna Longmuir at 780.482.0324, 1.866.714.5724 or by email at deanna.longmuir@albertadoctors.org following delivery or adoption placement of my expected child.
3. I will send written confirmation to the AMA when I return to my practice and understand that any payment, I receive from the Parental Leave Program while practicing or otherwise ineligible will be returned to the AMA.
4. I will notify the Canadian Medical Protective Association of changes to my practice while on the Parental Leave Program and return any funds to the AMA if needed.
5. I hereby certify that the information provided in this application and all attachments is true and accurate and that I will abide by the terms of the Parental Leave Program.
6. Physicians who have received a payment through the PLP Program are not entitled to receive a duplicate or comparable payment, or payment in kind, from the Government of Canada, another provincial government, or AHS during the Term corresponding to the same matter. Physicians who have received a payment from the Government of Canada, another provincial government, or AHS are not entitled to receive a duplicate or comparable payment from the PLP Program corresponding to the same matter.
7. AMA may randomly select your claim for audit. Confirmation of birth will be required otherwise you would owe back funds already reimbursed.

Signature: _____ Date: _____

Please return this application form with your void cheque (to your personal account) to the AMA or email Deanna Longmuir at deanna.longmuir@albertadoctors.org. The personal information on this form is collected according to the AMA Privacy Commitment Statement, distributed to physicians and available online at <https://www.albertadoctors.org/privacy/commitment>

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