



NORTHERN ONTARIO  
ACADEMIC MEDICINE  
ASSOCIATION

Application for NOAMA Faculty Rank  
Enhancement Initiative  
April 1, 2023 - March 31, 2024

Deadline for Submission March 31, 2024

Please return the signed application to the following:

Northern Ontario Academic Medicine Association  
Email: [noama@noama.ca](mailto:noama@noama.ca)

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

Payments for LEG members will be deposited through the LEG. Payments will be direct to non-LEG members.

Physician Contact Information				
Last Name		First Name		Middle Initial
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Telephone Number		Email Address		
CPSO Number				

What is your current NOSM Faculty Rank?	
If you are a member of more than one LEG, please indicate which LEG you would like your NFRE directed.	

Did you meet your NOSM U faculty responsibilities related to your current NOSM U rank? <a href="#">Faculty Handbook</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you maintain active clinical practices in Northern Ontario for the greater part of the fiscal year ending March	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Considering your active clinical practices above, were at least 50% in Northern Ontario?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Declaration and Consent

I acknowledge that to receive the annual NOAMA Faculty Rank Enhancement incentive, I must meet the deadlines and conditions set out in this document.

**I hereby declare that:**

1. I maintained active clinical practices in Northern Ontario for the greater part of the fiscal year ending March 31, 2024;
2. I have met the NOSM U responsibilities related to my faculty rank;
3. I have a completed Declaration and Consent on file with NOAMA.

**Consent:**

NOAMA is authorized to collect the personal information requested in this form to administer the NOAMA AFP properly. The personal information will be used to assess, verify, and monitor eligibility for participation in the NFRE and payment. For information about this collection, don't hesitate to get in touch with the Executive Director of NOAMA by telephone at (807) 766-7470 or by email: [noama@noama.ca](mailto:noama@noama.ca)

I agree to cooperate fully with NOAMA in any evaluation of the program.

I authorize and agree to NOAMA and other sources (which may include NOSM U, the Chief of Staff, and Hospital Administrators) to collect and share information to determine my eligibility for NFRE.

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

In writing, I will notify NOAMA of any changes to the information provided in this application form.

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

Physician Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Deadline for Submission March 31, 2024**