



**NORTHERN ONTARIO
ACADEMIC MEDICINE
ASSOCIATION**

**Application for NOAMA Faculty Rank Enhancement Initiative
April 1, 2025 - March 31, 2026**

Deadline for Submission March 31, 2026

Please return the signed application to the following:
Northern Ontario Academic Medicine Association
Email: 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.

Applicant 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 | | | | |

NOSM U Faculty Information

| | |
|--|--|
| 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. | |

Revised Consent

I acknowledge that to receive the annual NOAMA Faculty Rank Enhancement (NFRE) incentive, I must meet the conditions and eligibility criteria set out in this document. I certify that I meet the following requirements for the fiscal year ending March 31, 2026, by checking each box and signing below:

| Definition of Northern Ontario | | |
|---|--|---------------------------------------|
| I understand that for the purposes of this application, Northern Ontario is defined as the districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming. Although the District of Muskoka was removed from the Ministry of Health's definition of Northern Ontario effective January 1, 2005, NOAMA will continue to recognize this district as part of Northern Ontario for the NFRE. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Active Clinical Practice in Northern Ontario | | |
|--|--|---------------------------------------|
| I have maintained an active clinical practice in Northern Ontario over the past five years, with the majority of my clinical work occurring during each fiscal year ending March 31, 2026, except for periods of approved leave (e.g., personal, medical, or other)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I certify that my clinical presence in Northern Ontario has been consistent and meaningful, with a regular schedule of contributions exceeding occasional or minimal activity (e.g., not limited to 1 day a week or similar sporadic involvement), except during approved leave periods. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| NOSM U Faculty Responsibilities | | |
| I met the academic and faculty responsibilities outlined in the NOSM U Faculty Handbook for my current rank, including teaching, research, administrative, and/or other required duties. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have maintained a NOSM U faculty appointment for at least five years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ongoing Clinical and Academic Engagement | | |
| I was actively engaged in both clinical and academic activities within Northern Ontario during the fiscal year. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Accuracy of Application | | |
| I understand that my eligibility is based on the criteria above, and I certify that the information provided in this application is accurate and complete for the fiscal year ending March 31, 2026. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Consent

NOAMA is authorized to collect the personal information provided in this form to administer the NOAMA AFP properly. This information will be used solely to assess, verify, and monitor eligibility for participation in the NFRE and payment.

For more information about this collection, contact the Executive Director of NOAMA at (807) 766-7470 or by email: noama@noama.ca.

Applicant Certification

By signing below, I acknowledge that I have reviewed and met all the above eligibility criteria and understand that false or misleading information may result in disqualification from receiving the NFRE incentive.

Physician Signature:

Date:

Deadline for Submission March 31, 2026