R0311U0704

SESSIONAL PAYMENT AND EXPENSE FORM – PSP

A GPSC Initiative

For completion by all persons authorized to claim sessional fees and payments for participation in a Practice Support Program Learning Module. Please submit one form for each Action Period or Learning Session.

Personal Information		Reason for Claim	
		PSP Coordinator please complete this section	
		ALL FIELDS REQUIRED	
MSP Number:		**Health Authority:**	FH IH NH VCH VIHA
Physician Name:		**PSP Coordinator:**	
Practice Name:		**PSP Module:**	
MOA :		**Meeting Type:**	(LS# or AP#)
Address:		**Place:**	
City:	Email:	**Date:**	
Province:	Telephone:	**Meeting Time:**	(number of hours)

LEARNING SESSION			ACTION PERIOD
Sessional (Meeting time only)			Billable at or after the LS where AP changes are reported
GP: ☐ **1 session ($405.78)**	**LS no. _____**	**OR**	☐ **Action Period no. _____ COMPLETE**
MOA: ☐ **4 hours ($80 - $20/hr)**			

EXPENSES ***(original receipts required)***	**GST**	**Total Amount** ***(Less GST)***
Accommodation (prior approval required)		
Taxi (no reimbursement for parking)		
Auto KM @ $.50 per km (if one-way travel exceeds 50km)	No GST	
* Please note that when MOAs attend sessions out of office hours, they should be reimbursed at the $20 per hour rate.		
TOTAL EXPENSES CLAIMED		

GST	Amount (less GST)	Account Codes
Total:		
Finance Approval:		
Date:		

Claimant's Signature

BCMA Authorized Signature

CONDITION OF ACCEPTANCE (REQUIRED)

I understand that only practicing General Practitioners (GPs) may claim reimbursement for Practice Support Program learning sessions and action periods, and confirm that I am currently a community-based practicing GP.

I hereby certify that the information provided on and with this application is truthful and accurate and that I have not and will not make a claim from any other fund for the same expense. I also verify that these expenses are for the purpose of attending a Practice Support Program learning session or participating in an action period, in accordance with the agreement between the BCMA and the Ministry of Health. I confirm that I am currently paid by MSP on a fee-for-service, sessional basis or payment under a service contract. I understand that if I have received payment from another source to cover the same time period I do not qualify for reimbursement under this program.

I confirm that I attended the learning session dated above. **PHYSICIAN'S SIGNATURE** _____

OR

I confirm that during this action period I have tested in my practice and reported on the changes described during the previous learning session.

PHYSICIAN'S SIGNATURE _____

MAINPRO CREDITS

All GPs who participate in the PSP modules may apply for Mainpro credits as follows:

1. Mainpro - C - GPs who wish to receive Mainpro-C credits should, approximately two months after having completed a PSP module, send an email attention to lkallstrom@bcma.bc.ca to request a post activity reflection questionnaire. Upon return of the completed questionnaire, BCMA will send a certificate with the appropriate number of C credits for that module.
2. Mainpro - M1: GPs who wish to receive M1 credits should send an email attention to Maria dela Cruz at mdelcruz@bcma.bc.ca indicating the PSP module, learning session number(s) and date(s) and BCMA will send a certificate with the appropriate number of M1 credits for the sessions attended.

DEADLINE: Sessional Forms must be submitted within six (6) months of the meeting date.

Attention: Maria dela Cruz
Attention: PSP Provincial Coordinating Office
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Email: psp@bcma.bc.ca
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