



Professional Development Fund Midwife Application Form

The Professional Development Fund (PD Fund) provides reimbursement to midwives for professional development activities that enhance skill, knowledge, practice, and quality of care.

Please complete and submit this application as soon as the activity is complete. **Only complete applications will be processed.**

1 PERSONAL INFORMATION	
Name:	
SIN:	(FIRST TIME APPLICANTS ONLY - FOR T4A SLIP)
Practice Name:	

2 PD ACTIVITY INFORMATION		A: EVENT COST	B: TRAVEL Select one only <i>Must have traveled more than 100 km one way to claim travel and accommodation expenses.*</i>	C: COST OF ACCOMMODATION	TOTAL \$ (A+B+C)
EVENT DATE DD/MM/YY	ACTIVITY: Please provide proof of payment and completion. Photo, scan or fax accepted. LOCATION: Provide city or postal code.		<input type="checkbox"/> _____ km X .61 \$ _____ <input type="checkbox"/> Total fare (✈️🚗🚝): \$ _____		\$
	ACTIVITY				
	LOCATION		THIS SPACE FOR AOM USE ONLY		APPROVED
	ACTIVITY		<input type="checkbox"/> _____ km X .61 \$ _____ <input type="checkbox"/> Total fare (✈️🚗🚝): \$ _____		\$
	LOCATION		THIS SPACE FOR AOM USE ONLY		APPROVED
	ACTIVITY		<input type="checkbox"/> _____ km X .61 \$ _____ <input type="checkbox"/> Total fare (✈️🚗🚝): \$ _____		\$
	LOCATION		THIS SPACE FOR AOM USE ONLY		APPROVED
	ACTIVITY		<input type="checkbox"/> _____ km X .61 \$ _____ <input type="checkbox"/> Total fare (✈️🚗🚝): \$ _____		\$
	LOCATION		THIS SPACE FOR AOM USE ONLY		APPROVED
SPACES BELOW FOR AOM USE ONLY			CLAIMED AMOUNT: \$		
AUTHORIZED	POSTED DATE	TOTAL APPROVED	\$		

*The AOM uses <https://www.google.com/maps/dir/> to verify mileage claims.

3 DECLARATION	
I hereby certify that I have successfully completed all of the professional development activities being claimed and that any false or incomplete information submitted may invalidate this application and possibly constitute professional misconduct.	
SIGNATURE OF APPLICANT	DATE DD/MM/YY

4 HAVE YOU?		YES
1. Completed sections 1 2 3		<input type="checkbox"/>
2. Attached proof of payment and completion for each activity		<input type="checkbox"/>
3. Attached all receipts including travel and accommodation if eligible		<input type="checkbox"/>

? Questions about eligibility or other requirements?
See Eligibility and FAQs at aom.on.ca/Continuing_Education/PD_Fund

5 EMAIL OR FAX	
your application and supporting documents to pdfund@aom.on.ca or 416.425.6905	