



Professional Development Fund Practice 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 PRACTICE INFORMATION

PRACTICE NAME

ADDRESS

CITY/TOWN

TEL

2 PD ACTIVITY INFORMATION

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

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

3 DECLARATION

I hereby certify that the practice group is eligible to receive this payment on behalf of the midwives on this application and that the professional development activities being claimed here have successfully been completed. I understand that any false or incomplete information submitted may invalidate this application and possibly constitute professional misconduct.

PRACTICE PARTNER SIGNATURE

DATE DD/MM/YY

4 HAVE YOU?

YES

- Completed sections **1 2 3**
- Attached proof of payment and completion for each activity
- Attached all receipts including travel and accommodation if eligible

? 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