



**CMPA / LMCC CLAIM FORM**  
 (Please see reverse for guidelines)

Name (Please Print): _____		Program: _____	
Eastern Health Employee Number: _____			
Mailing Address: _____			
<b>A. CANADIAN MEDICAL PROTECTIVE ASSOCIATION FEE (CMPA)</b>			Total CMPA: \$
Academic Year: _____	\$		
Academic Year: _____	\$		
<b>B. LMCC APPLICATION FEE (\$250)</b>			\$
PGME Authorization: _____		<b>TOTAL CLAIM:</b> _____	
Date: _____		Resident's Signature: _____	
		Date: _____	

**Please submit to Postgraduate Medical Education for approval.**

## **CMPA Membership**

For reimbursement of CMPA membership fees:

- Fees for the current calendar year will be reimbursed at the end of that particular calendar year (i.e. fees for January 2021-December 2021 will be reimbursed in January 2022)
- Residents must submit claims for the current calendar year's full amount.
- Claims must include a *Statement of Account* (receipt) clearly showing each monthly payment and a \$0 balance.
- Residents will be reimbursed for half a year January-June only if they are finished residency. These claims should all be submitted together at the beginning of July of that calendar year.

## **LMCC Application Fee – As per PARNL MOU September 24, 2021:**

- The LMCC application fee (\$250) will be reimbursed upon proof that the resident was refunded the cost of Part II of the LMC exam and the resident paid the LMCC application fee.
- The reimbursement will be on a one-time basis.

October 10, 2021