

RSA COMMUNITY:					PHYSICIAN COMMUNITY:				
MAiD Service	Name of Physician Providing Service	MSP Practitioner # of Physician Providing Service	Physician Email	Mentored Training Opportunity? (Y/N)	Planned Date For Visit (YYYY / MM / DD)	Number of Days per Visit	Total Estimated Travel Expenses	Total Estimated Travel Time Honorarium Cost	Total Estimated Mentorship Training Fee Cost
MAiD Assessment									
MAiD Provision									
Conditions for Funding (provide supporting information below and attach additional information as necessary)									
1. Indicate whether telemedicine will be used for one of the two eligibility assessments. If not, why?									
2. Indicate whether a local practitioner is available, willing and trained to provide service, and whether one-way travel distance for nearest available MAiD practitioner is at least 35km.									
3. Describe efforts made to recruit and support local practitioners, to enable self-sufficiency for MAiD in the community.									
4. Describe efforts made to identify whether a mentored training opportunity exists that can be combined with travel, and provide name(s) of local trainee physician(s).									
5. Indicate whether the compensation requested is only up to the distance of the nearest MAiD assessor or provider able to travel to provide service.									
6. Indicate whether the MAiD provider, and mentored physician(s) if applicable, will be offered the opportunity to participate in any planned debrief following MAiD.									
Coordinator, MAiD Care Coordination Service (MCCS)			Email Address		Phone Number		For Ministry Use Only		
							Total Approved Travel Expenses		Total Approved Travel Time
Health Authority		Mailing Address							