



NITAOP – MEDICAL ASSISTANCE IN DYING TRAVEL AND TRAINING ASSISTANCE PROGRAM (MAiDTTAP) APPLICATION FOR MENTORSHIP TRAINING PAYMENT

PRACTITIONER NAME (TRAINEE)	TELEPHONE NUMBER	MSP PRACTITIONER #	PAYMENT #
ADDRESS	CITY	PROVINCE	POSTAL CODE
COMMUNITY	EMAIL ADDRESS		
PRACTITIONER NAME (TRAINER)	TELEPHONE NUMBER	MSP PRACTITIONER #	

TYPE OF MENTORSHIP SESSIONAL TRAINING AND CLAIM			
<input type="checkbox"/> MAiD Eligibility Assessment	DATE OF TRAINING	MAXIMUM CLAIM AMOUNT \$132.57	AMOUNT CLAIMED \$
<input type="checkbox"/> MAiD Provision	DATE OF TRAINING	MAXIMUM CLAIM AMOUNT \$132.57	AMOUNT CLAIMED \$

TOTAL EXPENSE CLAIM \$

FOR MSP USE ONLY	
ADJ. CODE	\$
ADJ. CODE	\$
INITIATED BY	
DATE	
VERIFIED BY	
DATE	
APPROVED BY (SPENDING AUTHORITY)	
DATE	
COMPLETED BY	
DATE	

Return Claim form to:
 Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP)
 Ministry of Health, Health Sector Work Force
 PO Box 9649 Stn Prov Govt
 Victoria BC V8W 3C8
 Phone: 250 952-2754, Fax: 250 952-3486