# **HEALTH CARE PRACTICUM FUNDING APPLICATION 2023/2024**

The Health Care Practicum Funding program is offered by Alberta Health Services (AHS), through funding provided by the Northern Alberta Development Council (NADC). The purpose of this program is to support students considering a northern placement location for their practicum.

Decisions on applications are made on an ongoing basis. Funding is available only for practicum placements in certain healthcare centers and programs within the geographical boundary of the NADC and funding approval is not automatic. It is suggested that applicants submit applications as soon as practicum location and dates are confirmed. Funds are limited and applicants and applications may be prioritized based on practicum location and programs of study linked to a health career in high demand by Alberta Health Services. If your program or facility is not identified on the attached listing, please contact <a href="mailto:student.strategies@ahs.ca">student.strategies@ahs.ca</a> to confirm funding eligibility.

In order to verify your eligibility for Health Care Practicum Funding program, Alberta Health Services requires the following personal information: your practicum information and faculty approval, your contact and education Information, whether you are a Visa student, and your funding request. If your application is successful, your Social Insurance Number (SIN) will be required in order to issue you a T4A for income tax purposes. All statistical information will be used in an aggregated manner. Your personal information is subject to the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection of this information you may contact Alberta Health Services North Zone at <a href="mailto:student.strategies@ahs.ca">student.strategies@ahs.ca</a>.





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|--|--|------------|---|----------------------------|--|-----------------------------|
| SECTION 1  | Practicum Information  | on and     | Faculty Appro   | oval (Faculty Placem       | ent Coordinator to                                 | complete)                   |
| Placement Facility   | y (Refer to the location list for a  | pproved    | facilities) Place                                       | ement Community            |  |                             |
| Practicum Placement Dates  |  | From:      | (Day/Month/Year   | -)                         | To: (Day/Month/Year)                               |                             |
| University or Colle  | ege  |            |   | Faculty                    |  |                             |
| Placement Coordinator's Name   |  | Phone )    |   | Placement Coordinator'     | 's Signature                                       | Today's Date                |
| SECTION 2  | Contact Information  | (Studen    | t to complete)  |                            |  |                             |
| Given Name   |  | Last N     | ame   |                            |  |                             |
| Apartment or Box   | Number   | Street     | Address   |                            | Town/City  |                             |
| Province   | Postal Code  | Email      |   |                            | Phone ( )  |                             |
| What is your hom   | ne community?  |            |   |                            | 1 ' '  |                             |
| SECTION 3  | Education Information  | n (pleas   | se refer to the p                                       | rogram list for approve    | ed programs)                                       |                             |
| Name of Post-sec   | ondary Institution   |            |   | Campus Location            |  |                             |
| Program Enrolled   |  |            | Program Type ☐ Certificate ☐ Diploma ☐ Degree ☐ Masters |                            |  |                             |
| Length of program in years: $\Box 1 \ \Box 2 \ \Box 3 \ \Box 4$            |  | 4 🗆 5      | What year of you  | ur program are you in?     | n are you in? When will you graduate? (Month/Year) |                             |
| SECTION 4  | Funding Request (elig  | ible max   | rimum amounts   | are listed below)          |  |                             |
| ☐I live or have li   | reason you have chosen to pur<br>ved in the area previously<br>explore new opportunities |            | I have family in t                                      |                            |  |                             |
| Accommodati both locations)  | on funding is available if   | you ha     | ve to maintair  | n two residences dui       | ring your practicum                                | (receipts required for      |
| I must maintain m ☐No ☐Yes   | ny current residence and pay fo<br>If Yes, complete the follow                           |            | nodation during all                                     | l/part of my practicum pla | acement  |                             |
| Is this your first or  | r second practicum placement   | in norther |   |                            |  |                             |
| If this is your second practicum placement, where was your first? Facility |  |            |   |                            | Community  |                             |
| Length of maintai  | ning 2 residences Wee  | ks x 7 day | rs per week =   | days x \$ (\$20            | or \$25/day)                                       | Accommodation Cost<br>Total |

Please complete the Funding Request and Declarations on the reverse.

| Travel funding of \$.505 per km is available   |  |                     |  |  |  |  |
|--|--|---------------------|--|--|--|--|
| Residence during program   | Residence during practicum                                       |                     |  |  |  |  |
| Relocating to northern Alberta: Distant  | Travel<br>\$   |                     |  |  |  |  |
| Commuting within northern Alberta: Distance one waykm x 2 (return trip) =km x \$.505 = \$x days  |  |                     |  |  |  |  |
| Relocating from outside of Alberta   | Total airfare (receipts required)                                | Travel<br>\$        |  |  |  |  |
| Healthcare Center parking fees (receipts required)   | \$ parking/day x days  | Travel<br>\$        |  |  |  |  |
| Total Cost (Accommodation + Travel)  |  |                     |  |  |  |  |
| Maximum Funding/Duration: $\square$ \$1200 (0 - 3 months) $\square$ \$1  | 800 (3 - 6 months)   | Maximum<br>\$       |  |  |  |  |
| Total Request (Lesser of Total and Maximum)  |  |                     |  |  |  |  |
| SECTION 5 Declaration of Applicant (Please ensu  | ure you have answered all the questions)                         |                     |  |  |  |  |
| I declare that the information given on this application is true and coll understand that     If I make a false or misleading statement in this application or fail to |  | . I may be denied   |  |  |  |  |
| financial assistance and/or be required to immediately repay all fin   | , , ,  | , i may be demed    |  |  |  |  |
| <ul> <li>Personal information and documents may be disclosed and exchan<br/>Health Services.</li> </ul>  | ged by and between any third party authorized to collect a de    | bt owed to Alberta  |  |  |  |  |
| Summary information will be provided to the Northern Alberta Dev   | velopment Council for the purposes of statistical analysis and p | program evaluation. |  |  |  |  |
|  |  |                     |  |  |  |  |

## WHAT'S NEXT?

Scan your Health Care Practicum Funding Application and send it to Alberta Health Services by email (preferred) to <a href="mailto:student.strategies@ahs.ca">student.strategies@ahs.ca</a>. Any questions about practicum funding should also be directed to the above email address. You will receive a response by email or telephone.

- Practicum for the 2023/2024 Health Care Practicum Funding Program
  must be completed between April 1, 2023 and March 31, 2024. The
  deadline for 2023/2024 application is February 15, 2024. Applications
  received for funding of practicum after April 1, 2024 will apply under the
  2024/2025 funding cohort. Please check www.nadc.ca for updated
  forms.
- Decisions on applications are made on an ongoing basis. Funds are limited and applications may be prioritized based on practicum location and field of study. All decisions will be finalized by March 1<sup>st</sup> of each year.
- You will receive notification of your application's approval from Talent Acquisition – Student Engagement.
- If approved, full payment of the funding is made upon completion of the practicum, receipt of a declaration form signed by your supervisor which includes your SIN and all applicable receipts, as well as receipt of a completed evaluation related to this funding program.

## **HEALTH CARE PRACTICUM PLACEMENT FUNDING 2023/2024**

These listings identify locations and programs considered for Practicum Placement Funding.

Alberta Health Services reserves the right to prioritize amongst these and other qualifiers as required.





### **LOCATIONS**

Athabasca Healthcare Centre Beaverlodge Municipal Hospital/Community Health Bonnyville Community Health Services/Extendicare **Boyle Healthcare Centre** Buffalo Lake Settlement Community Health Central Peace Health Complex, Spirit River Cold Lake Healthcare Centre/Community Health Elk Point Healthcare Centre/Community Health Fairview Health Complex Fishing Lake Métis Settlement Community Health Services Fort Vermilion Community Health Centre Fox Creek Healthcare Centre Grande Cache Community Health Complex Grande Prairie Community Health Centre/Care Centre Grimshaw/Berwyn & District Community Health Centre High Prairie Health Complex Hythe Continuing Care Centre Kikino Métis Settlement La Crete Continuing Care Centre Lac La Biche Healthcare Centre Manning Community Health Centre Northern Lights Regional Health Centre, Fort McMurray Northwest Health Centre, High Level Peace River Community Health Centre Peace River Correctional Centre Queen Elizabeth II Hospital, Grande Prairie Sacred Heart Community Health Centre, McLennan Slave Lake Healthcare Centre/Family Care Clinic St. Paul Community Health/St Therese Healthcare Centre St. Theresa General Hospital, Fort Vermilion Swan Hills Healthcare Centre Valleyview Health Centre/Community Health Wabasca Desmarais Healthcare Centre/Community Health Whitecourt Healthcare Centre/Community Health Worsley Community Health Services

### **PROGRAMS**

Audiology Biomedical Engineering Technology Diagnostic Medical Sonography **Environmental Health** Health Information Management Licensed Practical Nurse Medical Laboratory Technology Medical Radiation Technology **Nurse Practitioner** Nursing Attendant / Health Care Aide Nutrition – Dietetics Specialization Occupational Therapy Paramedic (EMT-P) Pharmacy Pharmacy Technology Physiotherapist PT, OT, SLP, REC Therapy Assistant **Recreation Therapist** Registered Nurse Registered Psychiatric Nurse Respiratory Therapy Social Worker Speech/Language Pathology