THE CORPORATION OF THE TOWN OF

GANANOQUE

Canadian Gateway to the 1000 Islands

Physician Recruitment Application

The Physician Recruitment Program is intended to assist in the recruitment of family physicians to the Town of Gananoque (the 'Town').

This application applies to family physicians qualified to practice medicine in the Province of Ontario who have committed to practice at a medical clinic within the Town.

Incentive payments will be $20,000 per annum for 5 years, totaling $100,000 per Physician.

Please complete all the boxes and be sure to attach a Letter of Intent signed by the incoming physician.

Part I – Medical Clinic Information

Name of Medical Clinic

Address

Email

Name of Contact Physician

Email

Telephone No.

Part II – Applicant Information

Name of Physician

Address

Email

Please confirm the number of years you are committed to practice at a medical clinic within the Town. Please also indicate your approximate starting date.

Is the physician licensed to practice family medicine in Ontario?

Yes ☐ No ☐

Has the physician previously received a grant under this Program?

Yes ☐ No ☐

Has the physician signed a Letter of Intent? If yes, please upload the signed Letter of Intent.

Yes ☐ No ☐

Part V – Authorization

I certify that the information provided in this application is true, correct and complete to the best of my knowledge and that the Town may verify any and all information pertaining to this application.

Before submitting this application, I agree as follows:

1. I am 19 years of age or older and am legally authorized and have all the required approvals necessary to make this application on behalf of the medical clinic.

2. This application will be received and reviewed by Town staff and submitting this application does not mean that it will be accepted.

3. I accept and assume all risks, dangers and hazards associated with the application and employing the physician for the Physician Recruitment Program and I acknowledge responsibility to properly insure and protect myself against risks associated with the application and said employment of the physician.

4. I hereby waive all claims arising from this application that it has or may have in the future against the Town, its elected officials, officers, employees, volunteers and representatives associated with the application and the said employment of the physician (hereinafter collectively referred to as the "Releasees").

5. I release the Releasees from any and all liability for death or any loss, damage, injury or expense that it may suffer arising from this application, the said employment of the physician for the Physician Recruitment Program or due to any cause whatsoever.

By inserting my name below, I declare that I have understood the risks associated with the application and I duly authorized to make the agreement in respect of my medical practice.

Signature **Date**