COUNTY of ANNAPOLIS

NATURALLY ROOTED

# Municipality of the County of Annapolis

# Medical Recruitment Financial Assistance Program

*This program was established to encourage physicians and nurse practitioners to set up a practice in the County of Annapolis*

## Who can apply and what are the requirements?

- Any physician or nurse practitioner may apply for financial assistance within six (6) months of setting up a full-time or part-time practice in any community within Annapolis County.
- To be eligible, the physician or nurse practitioner must sign a minimum three-year return of service agreement with the province and a copy of proof must be provided with this application.
- Funding under this program may be provided in addition to any incentive funding provided by the province or any other government agency or non-profit organization.
- The Municipality may choose to provide the financial support directly, or indirectly to a community based non-profit society or another government entity.
- Financial assistance may be provided at the sole discretion of the Municipality in the amount of $10,000 for eligible full-time medical practitioners and up to $5,000 for part-time medical practitioners upon a recommendation from the Physician Recruitment and Retention Committee.
- In no case shall any applicant receive funding more than once.

## How is the funding provided?

The Municipality will provide any approved funding in two installments, one half upon approval of the application, and the second installment one year later.

## How do I submit an application?

Submit application forms and all required documentation to the Annapolis County Physician Recruitment and Retention Committee. Incomplete applications will not be considered .

Municipality of the County of Annapolis
ATTN: Physician Recruitment and Retention Committee
c/o Dawn Campbell, Director of Corporate Services
PO Box 100, 752 St. George Street, Annapolis Royal, NS
Email: dcampbell@annapoliscounty.ca Fax: 902-532-2096

Municipality of the County of Annapolis

# Medical Recruitment Financial Assistance Program

## Application Form

| | | |
|---|---|---|
| Name of Applicant | | |
| Contact person | Position in organization | |
| Mailing address | | Postal code |
| Phone / Cell | Email | |
| Name of medical professional | ☐ Doctor<br>☐ Nurse Practitioner | |
| Location of practice | Date established practice at this location | |
| Date of signed offer and return of service agreement *(please attach copy of proof)* | Amount requested | |

**PLEASE NOTE: Personal information on such as salary, date of birth, license / identification #'s may be redacted on the offer and return of service documents to protect privacy of the individual**

| | |
|---|---|
| Date | Signature |

I certify that the information supplied in this application is, to the best of my knowledge, exact and complete, and that the grant request was approved by the organization I represent.