



NL Health
Services



Faculty of Medicine

CMPA CLAIM FORM

Name (Please Print): _____		Program: _____	
NLHS Employee Number: _____			
Mailing Address: _____			
CANADIAN MEDICAL PROTECTIVE ASSOCIATION FEE (CMPA)			Total CMPA: \$
Academic Year: _____	\$		
Academic Year: _____	\$		
PGME Authorization: _____ Date: _____		TOTAL CLAIM: _____ Resident's Signature: _____ Date: _____	

Please submit to Postgraduate Medical Education for approval.

For reimbursement of CMPA membership fees:

- Fees for the current calendar year will be reimbursed at the end of that particular calendar year (e.g. fees for January 2023-December 2023 will be reimbursed in January 2024).
- Residents must submit claims for the current calendar year's full amount.
- Claims must include a *Statement of Account* (receipt) clearly showing each monthly payment and a \$0 balance.
- Residents will be reimbursed for half a year (January – June) only if they are finished residency. These claims should be submitted in the July of that calendar year.