



## **SLLEG – Member CME Accreditation Reimbursement**

The SLLEG will reimburse current LEG members annually for certification/accreditation of the following:

- ATLS – up to \$1,000.00 per member
- ACLS/BLS/PALS – up to \$500.00 per member in total (NOSM CCC medical students and Sioux Lookout NOSM residents also included)
- NRP – up to \$500.00 per member and Sioux Lookout NOSM residents
- Alarm Course – Up to \$1,000.00 per member and Sioux Lookout NOSM residents
- Casted Course – Up to \$1,000.00 per member and Sioux Lookout NOSM residents

Please note the above limits will be reduced by any other course reimbursement the SLLEG members received such as from HFO.

This award is intended to provide some recognition of the work and cost required to attend accreditation events. It is not intended to compensate fully for the cost of these courses.

### **Criteria:**

Eligible costs include registration/exam fees and course materials only.



## **SLLEG – Member CME Accreditation Reimbursement Application**

Dear SLLEG,

I am pleased to inform you that I have completed CME accreditation courses as a current member of the SLLEG or Sioux Lookout NOSM resident. I would like to apply for reimbursement of the following courses:

- ATLS – up to \$1,000.00 per member
- ACLS/BLS/PALS – up to \$500.00 per member in total (NOSM CCC medical students and Sioux Lookout NOSM residents also included)
- NRP – up to \$500.00 per member and Sioux Lookout NOSM residents
- Alarm Course – Up to \$1,000.00 per member and Sioux Lookout NOSM residents
- Casted Course – Up to \$1,000.00 per member and Sioux Lookout NOSM residents

Please attach the following to your application

- Copy of course fee receipt
- Copy of accreditation or course completion certificate

Please submit this application and receipts to [lmcnaughton@slmhc.on.ca](mailto:lmcnaughton@slmhc.on.ca) for reimbursement.

I certify that I have not received any other course reimbursement from any other funder.

Name \_\_\_\_\_ Date \_\_\_\_\_

---

**Approval by SLLEG President or member of the executive:**

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

*This award is intended to provide some recognition of the work and cost required to attend accreditation events. It is not intended to compensate fully for the cost of these courses.*