



INTERNATIONALLY EDUCATED HEALTH PROFESSIONAL

BURSARY POLICY

For April 1, 2018 - March 31, 2019

Purpose of the Bursary:

The purpose of this bursary is to support Internationally Educated Health Professionals (IEHPs) by facilitating their entry and integration into the Yukon health care system.

This bursary is open to the following priority health professions:

Dental Therapists	Occupational Therapists	Social Workers
Dieticians	Pharmacists	Speech-language Pathologists and Audiologists
Licensed Practical Nurses	Physiotherapists	Registered Psychiatric Nurses
Medical Imaging Technologists	Primary Care/Advanced Care Paramedics	Physicians
Medical Laboratory Technologists	Registered Nurses	

Intention:

The intention of the program is to assist in covering the costs associated with integration activities. Eligible activities are:

- English language proficiency tests (applicant may apply only once for this expense)
- Competency assessment fees
- Education to bridge gaps
- Study guides, preparation exams
- Travel and accommodation costs associated with having to attend on-site assessment, education or credential-evaluating and course exams.
- Other integration activities, as approved by the Fund Coordinator.

The bursary does not cover the costs associated with:

- Costs related to writing the profession-specific Canadian entry-to-practice exams for those exams that also need to be passed by Canadian graduates.
- Registration or processing fees for becoming licensed in Yukon or another jurisdiction.
- Document translation costs or notarization or transcript fees.
- Refresher or upgrading courses that are a part of overall professional development.
- Living expenses such as rent or groceries.

Policy:

Yukon Government's Internationally Educated Health Professional Bursary is limited to a specific funding allocation made each fiscal year. As a result, support will be provided based on the merits of an application and until no further funding is available.

Applicants need to submit an application form to:

- a) outline the goal they intend to achieve (e.g. get licensed as a registered nurse);
- b) specify the total sum of money they will require to meet the goal for activities that are eligible under this bursary, if known at the time. For example, if the applicant has already been assessed by the regulator and the applicant knows which bridging courses he or she needs to take to fill the gaps which will allow them to meet the goal of becoming licensed as a registered nurse;
- c) provide a breakdown of the costs (e.g. cost of courses, travel and accommodation costs while travelling), including identifying what money will be expended in the current fiscal year (April 1st of one year to March 31st of the next year).

The maximum amount of funding provided will be 66% of eligible costs identified to a maximum of \$2,000 per fiscal year for part-time studies and \$5,000 per fiscal year for full-time studies.

Full-time studies are a defined program of studies towards licensure that requires the applicant to make a full-time commitment over a certain period of time; studies can include theoretical studies and clinical internship related to your field of study. The educational institution may be contacted by the Fund Coordinator to verify the full-time nature of the program.

If a person is already being supported by the Department of Health & Social Services through another program they will not be eligible for funding under this program.

Funding for activities in any given fiscal year may be approved in total or in part.

Terms of Funding:

Funding of up to \$2,000 per fiscal year for part-time studies and \$5,000 for full-time studies, per person, is available on an annual basis. This means that applicants can apply every fiscal year (April 1 to March 31) for funding.

Once an application has been approved, funding for the first year will be provided when an applicant submits receipts for costs paid in this fiscal year, although alternative arrangements may be negotiated. Proof of completion of program requirements will be required within 60 days of the completion date.

Generally, any funding for future program requirements will require proof of completion for activities supported previously, as applicable, before the funding will be approved.

Funding Committee:

A funding committee will select suitable applicants. Selection will be based on the merit of the applications and funding available in a given year.

Eligibility Criteria:

Applicants are required to provide the following information in order to be eligible to receive funds:

- Proof of Canadian citizenship or permanent residency status
- Proof of 3 months of Yukon residency
- Where applicable, copy of the documentation stating the requirements the applicant needs to fulfil (e.g. a competency assessment or bridging courses) from the appropriate Canadian regulatory authority (e.g. correspondence received from regulatory authority).

Selection:

- From those applicants who are eligible for funding, an evaluation of their application will be made using the following selection criteria. Applications that do not meet the funding eligibility requirements or are incomplete will not be put forward to the committee for review.
- Complete health care employment history (i.e. from the applicant's home country and in Canada) – maximum 5 points
- Volunteer experience, especially volunteer experience in the health field – maximum 5 points
- Education – maximum 5 points
- Other criteria as follows – maximum 5 points in total
 - Demonstrated interest in working in a health profession in Yukon once the specified goals have been achieved.
 - Strength of application (e.g. how close to completion of the requirements the applicant is on their pathway to Yukon licensure, length of time applicant has been out of health care field, previous successful completion of requirements such as courses).

Applicants receiving less than a total score of 8 out of 20 will not be eligible for funding.

Application:

This bursary is available to qualified applicants, subject to committee review, based on the funds allocated and available for the fiscal year. Applicants can submit their application for the 2018/2019 fiscal year at any time during the year but no later than **February 28, 2019, by 5:00 PM.**

Expenses incurred from April 1, 2018, to March 31, 2019, will be considered.

Applications shall include the following information:

- Proof of Canadian citizenship or permanent residency (e.g. copy of citizenship certificate, permanent resident card)
- Proof of Yukon residency (e.g. copy of tenancy agreement, utility bills, signed employment confirmation on company letterhead)
- Documents received from a Canadian regulatory authority indicating the requirements the applicant must undertake for licensure (if available)
- Completed application form
- Other supporting documentation as may be required by the Fund Coordinator.

Incomplete applications will not be considered.

Complete applications with copies of all required documents, must be received at the following address by February 28, 2019:

Department of Health and Social Services
Attention: Kim Dolhan
Box 2703 (H-1)
1 Hospital Road, 2nd Floor Whitehorse, Yukon Y1A 2C6
Phone: 867-667-5695 Fax: 867-667-3096 Email: kim.dolhan@gov.yk.ca

Decisions:

Decisions will be made throughout the year and no later than March 9, 2019. Successful applicants will be notified in writing.

Successful applicants will be asked to provide their Social Insurance Number so that the Department of Finance can issue payment and a tax receipt for this funding. This information is being collected under the authority of the (Federal) Income Tax Act and will be used solely for the issuing of a tax receipt (i.e. T4A slip).

Applicants who are denied funding in one year may reapply in any subsequent year, and will be subject to eligibility/selection criteria.

A priority list will be compiled from the unsuccessful candidates who meet the funding requirements. In the event that a successful applicant decides not to accept, or becomes ineligible, the next eligible candidate will be given the opportunity for funding. This priority list will be valid for the current fiscal year. Decisions of the Funding Committee are final.

Method of Payment:

Payment will be made directly to the applicant, upon approval of application and receipt of paid invoices. Multi-year applicants will be asked to provide proof of successful completion of commitments funded in previous years.

Repayment:

Funding recipients who choose not to complete their program goals may be required to repay the amount of funding provided to them.

**INTERNATIONALLY EDUCATED HEALTH PROFESSIONAL
BURSARY APPLICATION**

All applicants are expected to review the funding policy prior to submitting their application.

A. Applicant Information *(please print clearly)*

Mr. Ms.

First Name _____ Last Name _____

Address _____

Community _____ Postal Code _____

Phone (h) _____ (w) _____

E-mail _____

B. Goal

What is your professional goal and how long do you estimate it will take you to achieve this goal? For example: "to achieve Yukon licensure as a registered nurse by 2020".

C. Initial Professional Education and Licensure in home country

School of Health Care Profession _____

Country _____ Date of Graduation _____

Date and duration of Licensure Registration in home country:

I was first licensed on _____ and maintained my licence until _____

D. Employment History

Please provide information about your last position in your stated health care profession, including employer’s name, location and date of employment. Please attach curriculum vitae outlining your overall education and experience in the health care field, including history of volunteer work in this profession. Include names and contact information of 2 references that can be used to verify experience.

Employer	Location	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Current Registration Process

Which Canadian regulatory body have you applied to or are planning to apply to?

F. English Language Requirements

If English is not your first language, have you satisfied the English language proficiency requirements of the Canadian regulatory body? If not, what steps have you taken or are planning to take to meet the English language requirements?

G. Entry into Yukon Workforce

Describe your plans to enter the Yukon health care workforce. Include any information about job offers that you may have received.

H. Type of Assistance Required

If you are working on a pathway to licensure, please attach a copy of the letter that you have received from a Canadian regulatory authority regarding assessment or bridging requirements that you must meet. If you are looking for support other than getting licensed (e.g. workplace integration), specify the type of activity for which you require support.

I. Financial Information

(for all years, or as much as known at the time of this application)

Please provide details of financial assistance required under this program.

Expense	Detail (if any)	Amount
English Language Support and/or Testing	_____	_____
Assessment	_____	_____
Bridging program fees	_____	_____
Integration into the Workplace	_____	_____
Other Expenses (specify)	_____	_____
Total Funding Required		_____

J. Financial Expenses This Fiscal Year

Please identify what funding is required for this fiscal year (April 1, 2018 – March 31, 2019). That is, list the expenses related to your professional goal that you will be paying for during this one-year period and when you estimate you will complete these activities.

Expense/Activity	Amount	Estimated Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are these part-time studies or full-time studies? _____

K. Additional Information

Please attach a separate sheet if you wish to provide any additional information that will support your application for funding.

L. Checklist of Attachments

- ✓ Proof of Canadian citizenship or permanent residency
- ✓ Proof of Yukon residency (copy of document proving 3 months of residency)
- ✓ Curriculum Vitae with education, health care work experience and volunteer experience, references
- ✓ Documents from Canadian regulatory authority stating where the applicant is in the licensure process, or what requirements they must complete, if available
- ✓ A statement showing your commitment to live in Yukon and your current involvement in this community

Incomplete applications will not be considered.

The personal information on this form is collected under the authority of

s. 4(2) of the *Yukon Health Act* and s. 29(c) of the *Yukon Access to Information and Protection of Privacy Act* for the purpose of assessing eligibility for funding under the Yukon Internationally Educated Health Professional Bursary.

For information about the collection of personal information under this policy or application process, please contact the Fund Coordinator Kim Dolhan at kim.dolhan@gov.yk.ca or 867-667-5695 phone 867-667-3096 fax.

Health & Social Services

Attention: Kim Dolhan, Fund Coordinator Box 2703 (H-1)

1 Hospital Road, 2nd Floor Whitehorse, Yukon Y1A 2C6

M. Declaration of Applicant

I am submitting this application for the purpose of obtaining financial assistance from the Government of Yukon Internationally Educated Health Professional Bursary (the Bursary). The statements I have made in this application are, to the best of my knowledge, true and correct. I have read the policy regarding this Bursary and agree to its terms.

I agree to provide receipts for all expenses claimed in whole or in part under this funding.

Information Statement:

If the Funding Committee needs to obtain information about me from another person or organization in order to review my application to the Internationally Educated Health Professional Bursary,

- I agree to permit the committee to obtain that information from other persons or organizations, and
- I agree to permit those other persons or organizations, including other health regulatory bodies, agencies or colleges, former employers, schools and other educational institutions and organizations I have volunteered for, to provide to the committee any information about me that it requests.

It is my intent to remain in Yukon for the period of at least 1 year and continue practising in my profession or practise as soon as I am qualified and able to find employment in my profession in Yukon.

Printed Name	Signature
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Date