

Northern Ontario Residents Streamlined Training and Reimbursement Program (NORSTAR)

NOSM Resident Electives

Eligibility:

This stream provides travel and accommodation expense reimbursement to physicians completing NOSM resident electives in the Northeast and Northwest Ontario Health regions.

In order to be eligible for reimbursement via NORSTAR, resident electives must meet the following criteria:

- Start on or after July 1, 2023
- Booked on the NOSM online portal
- Located in the Northeast or Northwest Ontario Health regions (note: electives in Bracebridge, Gravenhurst and Huntsville do not meet this criteria and therefore are not eligible via NORSTAR)
- Follow all expense criteria and guidelines as outlined on the NORSTAR Expense Claim Form for Resident Electives (included below)

Process:

1. Once an elective has been booked on the NOSM portal, residents can make travel arrangements in accordance with the policies and parameters outlined on the NORSTAR Expense Claim Form.
2. If actual work dates vary from initially approved elective dates on the NOSM portal (i.e. changes to originally scheduled or approved start date, end date), residents are responsible for confirming the actual work start date and end dates on the NORSTAR Expense Claim form.
3. Residents are eligible to claim expenses for their actual dates worked and for travel expenses to/from/in the elective community up to 1 day before and 1 day after elective work dates. Any expenses claimed while not in the elective community will not be eligible for reimbursement. Expenses and receipts that do not meet the policies and parameters outlined on the claim form, or on the FAQ's will not be reimbursed.
4. All payments for travel and accommodations during eligible electives must be made by the resident physician, with all receipts issued in the resident physician's name. Expenses related to family travel are not eligible for reimbursement.

5. One NORSTAR Claim Form and copies of all associated electronic receipts can be submitted to norstar@ontariohealth.ca upon completion of the elective. Please submit 1 PDF document with the claim form and 1 PDF document with all associated receipts, if possible. Expense claims must be submitted within 6 months of the date of service to be eligible for reimbursement.
6. Payments will be processed within 4 – 6 weeks from the date a complete claim (Physician Expense Claim Form and receipts) is received. Incomplete claims will result in processing delays.
7. Deposit slips will be sent to physicians (via email) within 5 – 7 business days of the payment and should be reviewed upon receipt. The deposit slip will provide information regarding any discrepancies in payment. Additional documentation (i.e. missing receipts) can be provided via email to norstar@ontariohealth.ca for review and processing of additional payments.

Contact:

The NORSTAR program is administered by Ontario Health (Health Force), any questions regarding the NORSTAR program can be directed to norstar@ontariohealth.ca.

More information about the NORSTAR program streams can also be found at:

https://www.healthforceontario.ca/en/Home/All_Programs/Northern_Ontario_Resident_Streamlined_Training_and_Reimbursement_Program



PHYSICIAN EXPENSE CLAIM FORM FOR NOSM RESIDENT ELECTIVES

NORTHERN ONTARIO RESIDENTS STREAMLINED TRAINING AND REIMBURSEMENT (NORSTAR)

Physician Name:

CPSO Number:

Residency Program (i.e. specialty):

Home or Base Practice Address:

City:

Province:

Postal Code:

Email Address:

Telephone Number:

Hospital/Community Name:

Elective Type/Specialty:

Travel Date (Inbound):

Travel Date (Outbound):

First Day of Work:

Last Day of Work:

Mileage in Kilometres (Km) (\$0.41/km for personally owned vehicle)	Km(s)	Amount (\$)	Comments
To assignment	Km		
From assignment	Km		
During assignment	Km		
Car rental (Maximum \$50/day before taxes. Higher rates for SUV between October 1 and April 30 only)			
Taxi (Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)			
Parking (Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)			
Gas (Rental car only: detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)			
Fare (Economy class only: boarding passes required, details for any flight change fees required)			
Accommodations (Maximum \$150/night before taxes. Publicly available, registered business info required. Dates of stay required for gratuitous lodging)			
Other (Please provide description in comments. Baggage fees should be included in fare section.)			
TOTAL CLAIM			

Banking Information (for Direct Deposit)

Account Holder Name:

Name of Financial Institution:

Transit Number:

Institution Number:

Account Number:

All receipts provided. Physicians are required to photocopy completed expense claim and receipt for their records. Ontario Health (Health Force) reserves the right to follow-up with vendors for clarification if necessary.

By submitting this form to NORSTAR, I hereby certify that the information provided is true, accurate and complete, and that the travel expenses were incurred by me for the above stated period. I have reviewed and understand the program parameters and am aware that expenses claimed outside of program parameters will be my responsibility. While using my personal owned vehicle as shown, the vehicle insurance permitted its use for business purposes. Please submit to norstar@ontariohealth.ca.