Applicant’s Name:

Applicant’s Primary Hospital:

|  |  |
| --- | --- |
| **Source of Income****(all categories are gross income, before expense deduction)** | **$ (Insert Calendar Year – Jan to Dec)** |
| OHIP |  |
| Resident Salary (Gross) |  |
| Non-OHIP funding of clinical/service-related activity (e.g. MOHLTC sessional and stipend payments) |  |
| Funds received from AFP and from academic tax |  |
| Other salary/stipend paid by hospital |  |
| Other salary/stipend paid by university (incl. ASA award) |  |
| Other salary/stipend (e.g., career award or other salary support from grant agency) |  |
| Other professional income |  |
| **TOTAL GROSS INCOME** |  |

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatrist-in-Chief’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_