

Step 3. Mac-CARE Travel and Housing Policy Acknowledgement

CLAIM POLICY

BY CLAIMING FUNDS through Mac-CARE, all trainees confirm that they have read and agree to abide by the **Mac-CARE Travel and Housing Policy**.

ALL McMASTER LEARNERS are subject to the **McMaster University, Faculty of Health Sciences Professional Behaviour Code of Conduct for Learners** and also the **Professionalism in Practice (PIP) © 2012**.

CANCELLATION POLICY

Please initial each point:

- I understand that once Mac-CARE has contacted me with the name of a preceptor, and I have accepted the rotation, it is unprofessional for me to cancel the rotation.
- I understand that once Mac-CARE has arranged my housing, it is unprofessional for me to cancel them. Additionally, I acknowledge that any fees associated with cancellation, unacceptable living practices, or damages made to property are my responsibility.
- Mac-CARE will contact the learner's medical program to inform them of any cancellations or other reports of unprofessional behaviour. Furthermore, any abuse of the Mac-CARE reimbursement guidelines will result in loss of access to Mac-CARE funding for this and future rotations.

Form must be filled, signed, and submitted PRIOR TO THE START OF ROTATION to be eligible for reimbursement. Please initial each point:

- I have read the Mac-CARE Travel and Housing Policy and agree to abide by its guidelines.
- I understand that temporary housing funded by Mac-CARE must be used for living/overnight stays for the full duration of the rotation.
- I understand that McMaster University or Mac-CARE reserve the right to audit any records or data which support my expense submission and that any discrepancies may require me to reimburse Mac-CARE and/or result in my Program being notified of unprofessional behaviour. Any abuse of the Mac-CARE reimbursement guidelines will result in loss of access to Mac-CARE funding for future rotations.
- I certify that the claimed expenses will be incurred by me for the stated rotation period.
- I confirm that I will not receive funding for travel or housing expenses from another program.
- I acknowledge Mac-CARE's sole discretion to determine if the travel/housing expense submission complies with program parameters and will be accepted by Mac-CARE.

Name: _____

Signature: _____

Date: _____

Once complete, submit to Mac-CARE Office: admcare@mcmaster.ca

The Mac-CARE Program is administered by the Michael G. DeGroot School of Medicine, McMaster University with funding provided by the Government of Ontario. It is Mac-CARE's sole discretion to determine if the travel/housing expense submission complies with the program parameters and will be accepted by the Mac-CARE Program.

McMaster FIPPA Policy: The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall, Room 209, McMaster University.

A printed copy of this document may not reflect the current, electronic version on the Mac-CARE website, www.mac-care.ca



For questions or concerns regarding the Travel Policy, the Housing Policy, or the submission of expense forms, please contact the Mac-CARE office, 905-525-9140 ext. 22046 or email maccare@mcmaster.ca