ON CALL CLAIM / RESIDENTS

Form is available at the Medical Education Housestaff Office of the hospital and also on One45 Web Eval.

FOR THE BLOCK (S):			
NAME: (please print)	**SERVICE (S):**		
Resident Sponsored by a Canadian Organization (MOH or other): _____	**Resident Sponsored by a Foreign Organization: _____**		
PLEASE LIST DATES ON CALL:	**IN-HOSPITAL CALL**	**OUT OF HOSPITAL CALL**	**QUALIFYING SHIFTS**
SIGNATURE OF CLAIMANT:	**APPROVED BY (Chief Resident):**		

FOR OFFICE USE ONLY
DATE SUBMITTED: _____ / _____ / _____
INITIALS: _____