

FREE TUITION PROGRAM

Addendum

to the

Return-of-Service Agreement

**With the Crown in right of the Province of Ontario,
as Represented by the Minister of Health and Long-Term Care**

This Addendum to the Return-of-Service Agreement is an agreement between (please print)

Dr. _____ and _____

(hospital/facility) in _____ (town, city) and the Crown

in right of the Province of Ontario, as represented by the Minister of Health and Long-Term Care (the

"Minister") for Dr. _____ to provide medical services in the community of

_____ (location of practice), in accordance with his/her

return-of-service commitment to the Minister under the Return-of-Service Agreement.

_____ (hospital) is prepared to grant privileges to

Dr. _____ upon successful completion of his/her residency training program

in _____ (specify specialty: see paragraphs 1 and 2 of the Return-of-

Service Agreement), conditional upon current registration with the College of Physicians and Surgeons of

Ontario and the fulfilment of any other term set by the hospital as a condition for the granting of such

privileges.

Dr. _____ will begin providing services on _____ (day/month/year) on

a full-time basis in the specialty set out above. This return-of-service commitment will continue until

_____ (day/month/year).

The Chief Executive Officer (or some other authorized representative where there is no such Officer) of the hospital or facility in which Dr. _____ is returning service will confirm in writing to the Minister that in the preceding year Dr. _____ practised medicine in accordance with the Return-of-Service Agreement and this Addendum. (See subparagraph 10(b)(iii) of the Return-of-Service Agreement for the obligation of the return-of-service physician to obtain such confirmation on an *annual* basis.)

This Addendum shall not be amended except by mutual agreement. Any such amendment shall be in writing and signed by the parties.

Signature of Return-of-Service Physician	(please print name here)	Date
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Signature of Community (LADAU) Contact	(please print name here)	Date
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Signature of CEO of Hospital / Facility	(please print name here)	Date
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Signature for the Minister	(please print name here)	Date
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Note:

A fully executed copy of this Addendum must be submitted to the Minister by the return-of-service physician in accordance with the terms of the Return-of-Service Agreement.

[Revised: December 3, 2003]