

Program Description

This form is for eligible physicians applying to the New Physician and Specialist Attraction Incentives Program (the "Program"). The Program offers financial and non-financial Incentives to attract and retain family physicians who commit to practicing within the City of Grande Prairie, thereby enhancing healthcare access for residents. Capitalized terms herein have the meanings provided thereto under the New Physician and Specialist Attraction Incentives Program Procedure cityofgp.com/city-government/bylaws-policies-procedures.

Submission Information

- Completed applications must be emailed to: businessincentives@cityofgp.com
- For inquiries, contact the Program Coordinator at the same email.

FOIP Act Policy

This information is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act), RSA 2000, c. F-25 for the purpose of administering the Program. Basic details, such as your name or practice, may be used in public materials or on social media for promotional purposes. All personal information is protected under the FOIP Act. If you have questions, contact the Director of Economic Development at 780-357-4969 or ecdevinfo@cityofgp.com.

Section 1: Contact Details

Applicant Name:

Date of Application:

Home Address:

(Must be within 15 km of the City Centre)

Practice/Clinic Name:

Address of Practice/Clinic:

(Must be within the City of Grande Prairie)

Email:

Social Insurance Number:

(Required for issuing a T4A to an Applicant who receives an incentive valued in excess of \$500)

Phone Number:

Start Date of Practicing in the City:

(Must be on or after December 2, 2024)

Section 2: Incentive Selection

Indicate which Incentives you are applying for by checking the corresponding box(es):

1. Local Vouchers (Available after 30 days of Practicing in the City. Valued at \$500 per voucher. Select two options.)

- | | |
|--|--|
| <input type="checkbox"/> Bonnetts Energy Centre Box Office | <input type="checkbox"/> Centre for Creative Arts Programming Voucher |
| <input type="checkbox"/> Douglas J Cardinal Theatre Box Office | <input type="checkbox"/> Wapiti Nordic Ski Club Voucher |
| <input type="checkbox"/> Grande Prairie Live Theatre Box Office | <input type="checkbox"/> GP Chamber of Commerce Membership Voucher |
| <input type="checkbox"/> Bear Creek Folk Festival Ticket Voucher | <input type="checkbox"/> Northwestern Polytechnic Tuition/Programming Credit |
| <input type="checkbox"/> GP Stompede Ticket Voucher | <input type="checkbox"/> City of Grande Prairie Programming Voucher |

Section 2: Incentive Selection (Continued)

2. Recreation and Wellness Pass (Available after 30 days of Practicing in the City. Select one option.)

- Grande Access Pass (Family Membership for 1 year; valued at \$1,600)
- Nitehawk Year-Round Adventure Park (Family Membership for 1 year; valued at \$1,500)
- Grande Prairie Storm (Season Tickets for 1 season; valued at \$1,500)

3. Travel Voucher (Available after 12 months of Practicing in the City. Select one option.)

- Air Canada Travel Voucher (\$2,500)
- WestJet Travel Voucher (\$2,500)

4. Financial Incentive (Available after 24 months of Practicing in the City.)

- \$2,500 Non-repayable Cash Payment

Section 3: Applicant Affirmations

By submitting this application, I affirm that I:

- a) am registered and in good standing with the College of Physicians & Surgeons of Alberta (CPSA),
- b) have relocated to Grande Prairie and reside within 15 km of the City (centre),
- c) am Practicing in the City as a family physician,
- d) began Practicing in the City on or after December 2, 2024,
- e) intend to remain Practicing in the City for not less than 36 months following the date of this application,
- f) acknowledge and agree that, under the Program, the Incentives provided to any individual Physician shall not exceed \$7,500 in total value,
- g) agree that, notwithstanding the values set out herein, the City may make such adjustments as necessary to ensure that I do not receive Incentives in excess of \$7,500 in total value,
- h) understand that submitting this application does not guarantee approval or any Incentives
- i) understand that Incentives, including any payment and including all vouchers, will be issued only to myself as the individual physician applicant, and not to any professional corporation that I own, control, am employed by, or am otherwise affiliated with, and
- j) consent to my information being reviewed for Program administration.

Section 4: Application Checklist

To ensure your application is complete, submit the following:

- Completed Application Form
- Proof of Residency (e.g., utility bill, lease agreement)
- Proof of CPSA Registration (e.g., practice permit)
- Proof of Full-Time or Full Load Equivalent Employment (e.g., employment contract)

Section 5: Applicant Declaration

I certify that all information provided is accurate and truthful. I understand that submitting an application does not guarantee my eligibility for or receipt of any Incentive.

Applicant Signature:

Date: