

CLINICAL FACULTY PAYMENT INSTRUCTIONS

NAME				
_____ Surname	_____ First Name	_____ Middle Initial	DR MR MS	PhD MRS Other _____
PAYEE MAILING ADDRESS				
_____ Street Address/PO Box	_____ City	_____ Province	_____ Postal Code	
Email address: _____				

Clinical Faculty members may be eligible to receive payment for assigned compensable activities in the MD Undergraduate and Postgraduate Medical Education programs. Please refer to the [UBC Faculty of Medicine \(FOM\) Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#).

PAYMENT ARRANGEMENT

In order to determine your eligibility for compensation for assigned compensable teaching activities, please select the payment arrangement(s) that apply to you as a clinician:

- Fee for Service
- Clinical Service Contract
- Salaried by Hospital or Health Authority
- Sessional or other Alternative Payments Program (APP) - Please describe _____
- Other Arrangement – Please specify _____

NOTE: Payments for teaching in the Island Medical Program are made by the University of Victoria (UVic). The information provided on these Payment Instructions will be shared with UVic only if required to process these payments.

PAYEE INFORMATION

Please complete one of the following four options to select a payee:

1. Payment to a sole proprietor who is a “small supplier(*)” as defined by Canada Revenue Agency (CRA)

Social Insurance Number: _____

2. Payment to a sole proprietor who is registered for GST

GST Number (**): _____ (9 numbers + RT + 4 numbers)

3. Payment to a professional firm or teaching group (corporation or partnership) that is a “small supplier(*)” as defined by CRA

Corporation or Partnership: _____

Business number (mandatory): _____ (9 numbers)

4. Payment to a professional firm or teaching group (corporation or partnership) that is registered for GST

Corporation or Partnership: _____

GST Number (**): _____ (9 numbers + RT + 4 numbers)

I agree to advise UBC of any changes, including a change in GST registration status of the designated payee.

Signature: _____ Date: ____/____/____
Signature DD MM YYYY

*A “small supplier” is currently defined by CRA as a party whose total taxable revenues from all sources will not exceed \$30,000 in a single calendar quarter or in four consecutive calendar quarters. Taxable revenues do not include an individual’s income from employment, or exempt services such as medical and dental. CRA regulations are subject to change. Current regulations governing GST/HST can be found on the CRA website (www.cra-arc.gc.ca). Please consult your financial advisor or accountant if you require any clarification.

**Format is explained by CRA at www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html.

For Faculty of Medicine Use Only: UBC ID _____ Vendor ID _____
TTPS Comments (eligibility)

REQUIRED ONLY FOR CLINICAL FACULTY TEACHING IN THE MD UNDERGRADUATE AND POSTGRADUATE PROGRAM