



### Dryden Area Resident Bursary Program Return of Service Agreement

Name: _____	Date: _____
Address: _____	Amount: _____
City: _____	Province: _____
P.C.: _____	Phone: _____
University: _____	Year in Program: _____

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_

by and between

*The Dryden Regional Health Centre*  
Hereinafter "DRHC"

and

\_\_\_\_\_  
Hereinafter "Resident"

Whereas the Resident is willing to relocate to the City of Dryden in Ontario on the terms and conditions hereinafter set forth; now therefore in consideration of the premised, it is agreed:

The Resident:

1. Is currently enrolled in a Canadian Family Medicine Residency Program
2. Is able to work and live legally in Canada
3. Agrees that she/he will apply to be licensed to practice in the province of Ontario
4. Agrees to provide a one-year return of service as a practicing physician in the City of Dryden on completion of their residency program. Should the resident receive two or more bursaries, the maximum number of years for

the return of service for bursaries is three years for \$80,000 bursary or four years for \$100,000 bursary.

5. Agrees to pay back the bursary with interest as outlined below, should she/he not fulfill the one year return of service agreement, and
6. Agrees to sign the Emergency Medicine Physician Recruitment Agreement or the Physician Recruitment Agreement if wanting to participate in the Dryden Area Incentive Program, as a qualified physician.

The DRHC:

1. Agrees to pay \$20,000 to the Resident, \$10,000 to be paid upon receipt of signatures to this agreement, and \$10,000 to be paid January 2 of the new calendar year or the first working day of the new year.

**Recruitment Incentives:** The Resident will remain eligible for the Dryden Area Recruitment Incentive Program. The incentive amounts being offered over the 3-year or 4 year agreements will be reduced by the total amount of bursary received by the Resident.

**Repayment of bursary if return of service not completed:**

For value received \_\_\_\_\_ (Resident) promises to pay the Dryden Regional Health Centre ("Payee"), the principal amount of \$\_\_\_\_\_, plus interest according to the conditions detailed in this agreement.

**Interest:** Interest is calculated annually on the outstanding daily balance at a variable interest rate equal to the Prime Rate plus 1% per year. The interest rate will be reviewed on the anniversary date.

**Amortization:** Repayment will be amortized over a period not to exceed 5 years.

**Prepayments:** Resident/Physician may prepay all or part of this note at any time without penalty.

Payment and Forgiveness:

Physician and payee agree that if the Physician accepts a three or four year agreement, then no repayment of the funds is required, except if the agreement is terminated. If the Physician has not remained working full-time under the Physician Recruitment Agreement, the remaining time in the agreement will be prorated against all principal. The prorated principal and accrued interest under this note that has not been forgiven shall be paid in full.

Acceleration:

If the Resident does not meet licensing requirements, the full amount of the medical bursary shall be paid back to the payee or if the Physician ceases to work full-time under the Physician Recruitment Agreement, the pro-rated portion of time left in the agreement shall be paid back to the payee. The Resident/Physician has 60 days to prepare a schedule of repayment to the payee, which is not to exceed 5 years.

Remedies:

Payee shall have all rights and remedies provided by law and by agreement of Resident/Physician

Waivers:

No delay by Payee in the exercise of any right or remedy shall operate as a waiver thereof. No single or partial exercise by Payee of any right or remedy shall preclude any other or future exercise thereof or the exercise of any other right or remedy. No waiver by Payee of any default or of any provision hereof shall be effective unless in writing and signed by Payee. No waiver or any right or remedy on one occasion shall be a waiver of that right or remedy on any future occasion. Physician waives demand for payment, presentation, notice of dishonor, and protest of this agreement.

All parties shall treat the contents of this agreement as strictly confidential and information relating to its performance shall not be disclosed outside of the parties' organizations without the formal approval of the other parties.

In witness whereof we have signed and date this agreement:

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
DRHC

\_\_\_\_\_  
Date

\_\_\_\_\_  
DHRC

\_\_\_\_\_  
Date