**2025 ORA Annual Scientific Meeting Financial Assistance**

**Application Form for AHPA Members**

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| Name of AHPA Member: | |
| AHPA Registration Number (found below your name after you log in to AHPA website): | |
| Email Address: | |
| Place of Employment:  Do you currently work with a Rheumatologist in Ontario?  yes  no If yes, please list their name: | |
| Please list any projects you are currently collaborating on with ORA or AHPA Members: | |
| Please list any projects or activities in which you are involved that relate to rheumatology: | |
| Please indicate your area of practice:  Chiropractor  Dietitian  Nurse  Nurse Practitioner  Occupational Therapist  Pharmacist | Physiotherapist  Research Staff  Social Worker  Speech Language Pathologists  Students  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate if you are an ACPAC graduate:  Yes  No | |
| Please let us know how your participation in the ORA AGM will benefit you or your place of employment and your patients/clients? | |
| **Please note that AHPA does not allow members to participate in commercial activities (sales, advertising or marketing) during the ORA conference. If you are employed by an ‘industry’ partner, you may not use AHPA membership to attend the conference for commercial purposes. Please indicate your agreement by checking the box below.**  **I understand that I am not to participate in commercial activities during the ORA Conference.** | |
| Are you applying for AHPA financial assistance?  Yes  No  **To be eligible for this assistance, you must:**   1. Be registered for the ORA ASM 2. Attend the AHPA Business/Inter-professional Model of Care Meeting scheduled Sunday May 25, 2025 8:00 – 9:00 am at the Kingbridge Centre 3. Not receive other sources of funding. | |

Email completed application to Osk Jenkins at [osk.jenkins@gmail.com](mailto:osk.jenkins@gmail.com)