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School of
Rehabilitation
Science
REACHING FURTHER

MSc (PT) Clinical Instructor Contact & Honorarium Information Form

Date:

Name:

Facility Name:

Work Phone Number / Extension:

Primary Email:

We require a current mailing address and social insurance number in order to process honorariums.

Home Mailing Address

Street Number and Name:

Apt #:

City:

Province:

Postal Code:

Social Insurance Number: **please do not include this on the form – please call us to provide this information over the phone**

Your social insurance number is required to issue a T4A. If you would prefer to submit your social insurance number in an alternate method, please contact us at the information below.

I agree to remain on the Physiotherapy Clinical Education distribution list to receive communication about upcoming placements, courses, events, etc. Yes No

Please return to:

PT Clinical Education Team

Email: ptclned@mcmaster.ca

Fax: 905-524-0069

Mail: McMaster University, PT Program, School of Rehabilitation Science, IAHS 406
1400 Main Street West, Hamilton, ON, L8S 1C7