

**Example Declaration to be included in CME Reimbursement Claim Forms  
and to be completed by the Doctor making the claim**

FUNDING ENTITLEMENT DECLARATION

I \_\_\_\_\_ declare that:

- I am entitled to make a claim for reimbursement of Continuing Medical Education expenses in accordance with the provisions outlined in the relevant workplace agreement; and
- I have not already claimed reimbursement of these costs with this or another Victorian health service or hospital; and
- Except where an alternative arrangement is explicitly provided in my contract of employment, the cumulative total of this claim and any other claims made relating to the current financial year at this Victorian health service/hospital **does not exceed \$20,000** where I hold a single full-time appointment, or pro-rata thereof (e.g. up to \$2,000 for each 0.1 fraction) **up to a maximum of \$20,000** based on my combined fractional allocations or appointments at this and other Victorian health services/hospitals; and
- Where claims submitted by me at this and/or other Victorian health services/hospitals, including FBT and GST considerations, exceed the my maximum reimbursement amount for any financial year, I agree that my claim(s) will be reduced to reflect that maximum amount, or where claims already submitted at this and/or other Victorian health services/hospitals have exceeded the maximum reimbursement amount for any financial year, I agree to reimburse the relevant Victorian health service/hospital for any overpayment received.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_