

NON-CONTINUING NON-EMPLOYMENT REMUNERATION (NCNER) FORM

Please complete this form to receive your honorarium if you wish to be paid personally. To be paid via a professional corporation, do not complete this form. Please follow the instructions for payment to a professional corporation outlined on the document “Remuneration Options” found at www.schulich.uwo.ca/cpd → Continuing Medical Education → National Programs → PRISM

Please complete all fields.

PART I			
Description of Work:	Remuneration for participation as Facilitator/Moderator for PRISM: Practical Resources for Strategic Management of Neutropenia		
CME Event Date:	Year (YYYY):	Month (MM):	Date (DD):
Your role:	<input type="checkbox"/> Facilitator (\$1250)	<input type="checkbox"/> Moderator (\$500)	
First name:			
Middle Name:			
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Birth Date:	Year (YYYY):	Month (MM):	Date (DD):
Social Insurance Number:			
Address:			
City:		Province:	
Postal Code:		Country:	

Please complete Appendix A (page 2) and Part II (page 3), and send all 3 pages to CPD using one of these options:

- Fax to Janeth Meza: 1-519-661-3295
- Scan and e-mail to: cpd@schulich.uwo.ca
- Mail to the address below

APPENDIX A The University of Western Ontario “Western University”

Questions to Consider to Determine if an Employee-Employer Relationship Exists		Please CIRCLE your response:	
1.	What services were provided?		
	• Is the work being performed related to research and/or teaching?	Yes	No
	• Is the service being provided associated with instructing in a degree program?	Yes	No
2.	Does Western University currently employ the individual?	Yes	No
	If the person is an employee, how does the work being performed relate to the employee’s regular work duties?		
3.	Is the individual employed full time by another university or organization?	Yes	No
4.	Does the individual have a business license or professional designation (e.g., CA, LLB, PEng)?	Yes	No
5.	Has the individual provided services similar to those being provided Western University for other customers as an independent contractor during the past twelve months?	Yes	No
	If yes, list:		
6.	Does the individual pay for office space outside their home or claim the use of their home office as a business expense?	Yes	No
7.	Does the individual advertise their services to the public?	Yes	No
8.	Does the individual pay their own employees?	Yes	No
9.	Does the individual perform a substantial portion of the services at the Western University premises?	Yes	No
10.	Does Western University provide any necessary materials, supplies, stationery, telephone, secretarial support, business forms, tools, equipment, and similar items to complete the engagement?	Yes	No
11.	Does Western University provide training, supervision, or instruction on how (i.e., methods used) to complete this engagement?	Yes	No
12.	Does Western University set priorities in terms of time, effort, and hours of work?	Yes	No
13.	Does Western University provide any of its employees to assist in completing the engagement?	Yes	No
14.	Was payment based on an hourly, weekly or annual basis, as opposed to completing the specific task?	Yes	No

‘Yes’ answers to questions #3 – 8 & ‘No’ answers to questions #2 & #9 – 14 may indicate that an individual is an independent contractor rather than an employee.

PART II: *To be completed and signed by the individual providing the service.*
SIGNATURE REQUIRED.

By signature below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally indemnify and hold The University of Western Ontario harmless from any claim, damages, or liabilities resulting directly or indirectly from reliance thereon. I understand that I am being engaged as an independent contractor and that I am responsible for any taxes resulting from this engagement.

Name _____ Title _____

Signature _____ Date _____

PART III: *To be completed by the Department or Administrative Unit – Two signatures are required.*

The University signatory below warrants that s/he has reviewed the information provided on the reverse side of this form and the information is true to the best of the signatory’s knowledge; and the independent contractor’s representations regarding the services to be performed is correct.

The signer below should be the University representative most familiar with the independent contractor’s operations.

Name Jason Eadie Title Manager, Schulich CPD

Signature _____ Date _____

I have reviewed the guidelines for Employment vs. Contracted Services and the information provided on the questionnaire (Appendix A). Based upon my review and/or other knowledge that I may possess, I have determined that this form is complete and the Individual named in Part I qualifies as an Independent Contractor.

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The signatory below should be the University representative with the authority to requisition services.

Name _____ Title _____

Signature _____ Date _____