



BC's Union for Professionals

## HSP Professional Fees Application

Submission Date:

### Union Membership

I am currently a PEA member whose employment is covered by the Health Science Professional Bargaining Association (HSPBA)/ Health Employers Association of BC (HEABC (HEABC) Collective Agreement.

Yes

Are you a member of more than one (HSPBA) union (e.g., HSA, CUPE, BCGEU, etc.)?

Yes       No

If YES, please apply to the union which represents your greatest full-time equivalency (FTE). For example, if you are 0.6 FTE BCGEU and 0.4 FTE PEA, then you would apply to the BCGEU professional fees fund.

### Applicant Details

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Worksite \_\_\_\_\_

Employer \_\_\_\_\_

Health Authority \_\_\_\_\_

### Employment Status

Regular Full-Time                       Regular Part-Time                       Casual

### Professional Body

Some professions have multiple professional fees. Please note, the PEA will only reimburse for one of these fees.

Provide the name of the professional body you are applying for reimbursement for. Include the time period that the fees are for (year/month/day).

Name of Professional Body	Amount Paid	Term Start and End Dates
	\$	

### Declaration

By submitting this application, I confirm that my employer does not reimburse me for any amount of professional or regulatory fees claimed on this application.

***Applications will not be processed unless all receipts and direct deposit form are included with this application. Submit all documents to [hspfees@pea.org](mailto:hspfees@pea.org). Find the direct deposit form at [pea.org/forms-you-need](http://pea.org/forms-you-need)***