Bill to:
Health Employers Association of BC (HEABC)
300 – 2889 East 12TH Avenue
Vancouver, BC V5M 4T5
Fax: 604 714 2284

Program:
Practice Ready Assessment - British Columbia (PRA-BC)
Fall 2026 Assessment Period: September 28, 2026 – December 18, 2026

Description of Services:

Clinical Field Assessment for PRA-BC Candidate: **[Dr. Candidate Name]**
[Community], BC
[Clinic Name]

[Clinic address]

Assessor Name	Number of Weeks at $1000 Per Week	Total
E.g.: Dr. A	4	4000.00
Subtotal: GST @ 5% (if applicable) **GST Billing Number (if applicable):** XXXXXX **Total Due** **EFT Payment Details:** **EFT Payable to:** _____ ☐ I have attached a Void Cheque / Direct Deposit Form		4000.00 200.00 **4200.00**

Signature: _____ **Date:** _____
(Authorized Signatory)

Printed Name: _____