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

Program:
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(s)	Number of weeks at $1000 per week	Total
E.g.: Dr. A	1	1000.00
Dr. B	1	1000.00

Subtotal: 2000.00
GST @ 5% (if applicable) 100.00
GST Billing Number (if applicable): XXXXXX

Total Due **2,100.00**

EFT Payment details:

EFT payable to: _____

☐ I have attached a Void Cheque/Direct Deposit Form

Signature_____ **Date**_____
(Authorized Signatory)

Printed Name_____