



Patient & Family Advisor (PFA) Confirmation of Logged Hours Form

Please complete this form and send to PFASubmission@hqc.sk.ca within 72 hours of any activity/event that engages PFAs.

Program (please check):

- CQIP
- ED Waits and Patient Flow
- Other: _____
- PFCC Guiding Coalition
- SCPOR
- SPROUT project: _____

Name of activity/meeting/event: _____

Date: _____

Duration of Meeting (ex. 1 hour): _____

PFA Name	Did the PFA attend the event?		How will this PFA log their hours? (check ✓ one)		Is the PFA eligible for expense claim? (please refer to expense memo)		Office Use Only		
	Yes	No	PFA enters in Database	PFA attended & no honoraria required	Yes	No	Honoraria claimed	Expense Claimed	Entered in Database for Reporting Purposes Only
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			

Meeting Chair/Facilitator/Principal Investigator signature: _____

Executive Director/HQC approval: _____