Rural Education Action Plan

Indigenous Cultural Competency Training Program Application/Claim Form

GENERAL INFORMATION		
APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME
ADDRESS (INCLUDE POSTAL CODE)		
PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS	MSP#

EXPENSE DETAILS		
TRAINING COMPLETION DATE	COURSE LOCATION	CERTIFICATE OF ATTENDANCE ATTACHED ☐ YES ☐ NO
Direct Deposit should be made to the following bank account: ☐ PERSONAL ☐ PROFESSIONAL CORPORATION		WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? (IF YES, PLEASE ATTACH DETAILS TO THIS FORM) ☐ YES ☐ NO

ATTACHMENTS AND SIGNATURE

Please attach to this application:

- Indigenous Cultural Competency Training Program Certificate of Attendance

The Rural Education Action Plan will provide $500 upon submission of this claim form and Certificate of Attendance from the Indigenous Cultural Competency Training Program.

I hereby certify that the information provided on and with this application is truthful and accurate. As this benefit is taxable, I authorize the use of the information contained in this application for the administration of the Membership/Benefit Programs.

_____

Signature *Date*

_____

Printed Name

OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED: _____

CODE _____

_____

Please return this form and supporting documents to:

REAP Programs Coordinator
UBC Department of Family Medicine
Suite 300, 5950 University Boulevard
Vancouver, BC V6T 1Z3

Fax: 604.822.6950
Tel: 604.827.4188
Email: reap@familymed.ubc.ca