



Rural Education Action Plan

Rural GP Locum CME

Application and Claim Form

GENERAL INFORMATION		
APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME
ADDRESS (INCLUDE POSTAL CODE)		
PHONE (INCLUDE AREA CODE)	FAX (INCLUDE AREA CODE)	EMAIL ADDRESS
MSP #	CPS LICENSE #	CMPA #
EXPENSE DETAILS		
COURSE COMPLETION DATE	COURSE LOCATION	CERTIFICATE OF ATTENDANCE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
Direct Deposit should be made to the following bank account: <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL CORPORATION		WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? (IF YES, PLEASE ATTACH DETAILS TO THIS FORM) <input type="checkbox"/> YES <input type="checkbox"/> NO
ATTACHMENTS AND SIGNATURE		
Please attach to this application: <ul style="list-style-type: none"> ▪ Certificate of Attendance 	<p style="text-align: center;"><i>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.</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <i>Signature</i> <i>Date</i> </div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Printed Name</i></p>	
OFFICE USE ONLY		
DATE RECEIVED: _____	CODE _____	
APPROVED: _____	_____	

Please return this form and supporting documents to:

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

Fax: 604.822.6950
 Tel: 604.827.1504
 Email: reap@familymed.ubc.ca

REAP Rural GP Locum CME Program Guidelines

ELIGIBILITY AND REQUIREMENTS

This program makes funding available to active members of the Rural GP Locum Service in order for them to re-certify in ACLS or to complete the CARE Course. Funds are allocated on a first-come first-serve basis.

SUBMITTING YOUR CLAIM

Claims may only be made after attendance at the course with the approved **Claim Form** attached above. Claim Forms can be found at www.doctorsofbc.ca or through the contact provided at the bottom of the application form.

A copy of the Certificate of Attendance must be submitted along with the claim form.

Funding for this program from all other sources must be declared on your claim form.

Please note that a receipt for tuition is not sufficient for the purposes of this claim. You must have a **Certificate of Attendance** from the course in order to complete your claim.

FUNDING

The Rural GP Locum CME Program will provide \$350 (*or cost of course for online re-certification*) for re-certification of ACLS or reimbursement of the course fee for the CARE Course upon submission of a claim form and Certificate of Attendance.

DEADLINE

The claim form must be submitted during the fiscal year in which the course was completed. The fiscal year runs from April 1 – March 31. The claim form must be submitted by March 31.

NON MEMBERS

If you are not a member of the Doctors of BC in the year the benefit is claimed, an administration fee will be deducted from payments made. The maximum amount deducted is either the balance of your equivalent Doctors of BC membership dues, or 50% of your entitlement, plus GST, whichever is less. An administration fee receipt will be issued in February of the following year.

PAYMENT

REAP payments will only be made via direct deposit. A REAP Direct Deposit form must be completed.

INCOME TAX

Any payments from the Rural GP Locum CME Program are considered to be a taxable benefit and as such, a T4A will be issued. Social insurance numbers are required for this purpose. Note that you may claim educational costs as an expense on your income tax return. Please contact your tax advisor for further details. If so requested on the application form, payment can be made to a corporation and no T4A will be issued.

RESOURCES

For information regarding Program eligibility, please call 604-827-1504. For information regarding your claim, please contact 604-638-2929.