



Rural Education Action Plan

Advanced Skills & Training Program

Application 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 #
REQUESTED TRAINING AREA (I.E. EMERGENCY, GERIATRICS)		
REQUESTED AMOUNT OF TRAINING TIME (IN WEEKS)	REQUESTED START DATE	
PREFERRED TRAINING LOCATION/PRECEPTOR (IF APPLICABLE)	WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? (IF YES, YOU MUST DECLARE ALL OTHER FUNDING ON YOUR CLAIM FORM) <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
PERSONAL STATEMENT & EDUCATIONAL OBJECTIVES		
PLEASE OUTLINE WHY YOU ARE INTERESTED IN THIS PROGRAM AND WHAT YOU WISH TO ACCOMPLISH.		
ATTACHMENTS AND SIGNATURE		
Please attach to this application: <ul style="list-style-type: none"> ▪ Current CV ▪ Letter from local Hospital Chief of Staff confirming you have been practicing in an RSA Community for nine months of the past year ▪ Letter from local Hospital Chief of Staff confirming a need for the above training in the your community ▪ Letter in support of training from Health Authority Regional Medical Director 	<p><i>I certify that the information recorded herein is complete and accurate to the best of my knowledge. I recognize that any misrepresentation or omission on my part may cause me to be disqualified from continuing in a training program, if accepted on the basis of this information. I am aware of no reason why this application would not be eligible for consideration.</i></p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <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-top: 10px;"/> <p><i>Printed Name</i></p>	

Please return this form and supporting documents to:

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

f: 604.822.6950
 t: 604.827.1504
 e: reapphysicians@familymed.ubc.ca

REAP Advanced Skills & Training Program Guidelines

ELIGIBILITY AND REQUIREMENTS

The purpose of the Advanced Skills & Training Program is to improve rural physician retention and skills by increasing opportunities to receive advanced training and skill enhancement. Training opportunities under this program are flexible in timing and may be from 1 to 60 days in length. Physicians applying for this program must be practicing in an RSA community for a minimum of 9 months per year. Rural physicians are eligible to apply for up to 60 days of funding per fiscal year.

Applicants are encouraged to consult with their Hospital Chief of Staff and Regional Medical Director regarding their proposed training plan, the impact it may have on local medical staff while away, and the expectation that the applicant will return to their rural community upon completion of training.

Funds are allocated on a first-come first-serve basis. REAP will not provide funding for courses or conferences, training received outside of BC unless previously approved, or training not relevant to the REAP approved training plan.

APPLICATION DEADLINE

The application form and all supporting documents must be submitted prior to training but *may* be accepted up to one week prior to the end of the fiscal year in which the training began. The fiscal year runs from April 1 – March 31.

CLAIMING YOUR BURSARY AND EXPENSES

Claims may only be made after attendance at the training with an approved **Claim Form**. Claim Forms can be found at www.doctorsofbc.ca or through the contact provided at the bottom of the application form. Receipts for purchases, registration, canceled cheques, proof of attendance and other documentation showing dates and location must be submitted with the claim (photocopies are recommended, as receipts are not returned). Funding for this program from all other sources must be declared on your claim form.

Prior to submitting your claim, you must complete and submit the REAP Trainee Evaluation, Site Evaluation and Preceptor Payment Receipt to the REAP Program Assistant.

Claims must be submitted no later than December 31 following the fiscal year in which approval was granted – i.e. for approvals granted during the 2018/19 fiscal year, training must be completed and funding claimed by December 31, 2019.

STIPEND/TRAVEL AND ACCOMMODATION

The Advanced Skills & Training Program will provide a stipend of \$4,750 per week that may be applied to cover income loss, overhead, and tuition. You will be responsible to pay your primary preceptor \$450/weekly from your own bursary. Travel and accommodation reimbursement is based on a cost recovery basis. Travel costs will be reimbursed up to \$2,000. Accommodation costs are covered up to \$1,000 per week. For accommodations with family/friends, a maximum of \$75/day may be claimed. Details of accommodations must be provided on the claim form.

Transportation costs will be reimbursed at the rate of 54¢ per km to a maximum not exceeding economy airfare plus necessary ground transportation. Receipts are required for airfare and all ground transportation. Local mileage is not reimbursed (within 25 kilometers).

INCOME TAX

REAP payments 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 be able to claim travel costs as an expense on your income tax return so please retain a copy of your receipts. Please contact your tax advisor for further details. If requested on the application form, payment can be made to your corporation and no T4A will be issued.

RESOURCES

For inquiries related to claims and payments, you may login to our website www.doctorsofbc.ca or contact us directly at 604-736-5551 or by email at benefits@doctorsofbc.ca.

For program inquiries please contact the REAP Senior Program Assistant at 604-827-1504 or email reapphysicians@familymed.ubc.ca.