



Rural Education Action Plan

San'yas Indigenous Cultural Safety Program

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 | 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"> ▪ San'yas Indigenous Cultural Safety Program Certificate of Attendance ▪ Proof of training in an RSA Community (residents and students only) | <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> | |
| | _____ <i>Signature</i> <i>Date</i> | |
| | _____ <i>Printed Name</i> | |
| OFFICE USE ONLY | | |
| DATE RECEIVED: _____ | CODE _____ | |
| APPROVED: _____ | _____ | |

Please return this form and supporting documents to:

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

F: 604.822.6950
 T: 604.827-1504
 E: reapphysicians@familymed.ubc.ca

REAP San'yas Indigenous Cultural Safety Program

Program Guidelines

ELIGIBILITY AND REQUIREMENTS

This program makes funding available to physicians, residents and medical students in order for them to complete the San'yas Indigenous Cultural Safety Program offered through the Provincial Health Services Authority.

There is one course specifically designed to support health care workers:

1. [Core ICC Health](#)

Bursaries of \$500 are available for specialists, general practitioners, UBC residents (including family practice in rural training program participants, IMGs, psychiatry and family practice residents) and UBC medical students, who work or train in a rural community as outlined in the Rural Subsidiary Agreement (RSA). Funds are allocated on a first-come first-serve basis.

SUBMITTING YOUR CLAIM

Claims may only be made after completion of the course with the approved **Claim Form** attached above.

A copy of the San'yas Indigenous Cultural Safety Program **Certificate of Attendance** must be submitted along with the claim form. If you are a resident or student, please attach proof that a portion of your medical education will occur in an RSA Community.

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

FUNDING

The Rural Education Action Plan will provide \$500 to the eligible applicant 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.

PAYMENT

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

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