



# Rural Education Action Plan

## Rural Leadership Development Project

### 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 #
TRAINING PROGRAM NAME AND INSTITUTION	TRAINING FORMAT (IN PERSON, ONLINE)	TOTAL COST OF TRAINING PROGRAM
DURATION OF TRAINING PROGRAM	START DATE	END DATE
REQUESTED AMOUNT OF FUNDING (\$15,000/YEAR MAX FUNDING)	HOW MANY YEARS OF FUNDING ARE YOU SEEKING?	WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? (IF YES, PROVIDE DETAILS) <input type="checkbox"/> YES <input type="checkbox"/> NO

#### PERSONAL STATEMENT & EDUCATIONAL OBJECTIVES

PLEASE OUTLINE WHY YOU ARE INTERESTED IN THIS PROGRAM AND WHAT YOU WISH TO ACCOMPLISH

#### ATTACHMENTS AND SIGNATURE

<p><b>Please attach to this application:</b></p> <ul style="list-style-type: none"> <li>Current CV</li> <li>Letter from local Hospital Chief of Staff confirming you have been practicing in an RSA Community for nine months of the past year and the need for the above training in the your community</li> <li>Letter in support of training from Health Authority Regional Medical Director</li> <li>Reference letter from a clinical colleague</li> <li>Summary of training costs and sources of funding</li> </ul>	<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: 10px 0;"/> <p style="text-align: center;"><i>Signature</i> <span style="float: right;"><i>Date</i></span></p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;"><i>Printed Name</i></p>
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**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

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

# REAP Rural Leadership Development Project

## Program Guidelines

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### ELIGIBILITY AND REQUIREMENTS

The purpose of the Rural Leadership Development Project is to increase opportunities for rural physicians to pursue leadership training and develop the skills and abilities to help bring system improvements that will benefit British Columbia's rural populations. Physicians applying for this program must be living and practicing in an RSA community for a minimum of 9 months per year.

In addition to access to a formalized leadership program, participants will be offered a mentoring opportunity with a rural leader through UBC CPD'S [Rural Physician Mentoring Program](#). As well, during the course of the training, participants will be encouraged to participate as a guest (when invited) in two meets of groups providing leadership in rural BC (e.g. JSC, RCCbc Core, Dean's Advisory council, rural HA leadership forum, Rural Issues Committee etc.). Such shadowing opportunities have been seen as important in grounding leadership training in real-life contexts.

### APPLICATION DEADLINE

The application form and all supporting documents must be submitted prior to training. Applications are assessed and awarded (based on rural benefit and equity) by a panel consisting of a representative from the JSC, REAP, RCCbc, Rural Chair, and the Rural Issues Committee. Four to six applications will be accepted every year. The application deadlines are April 30 and October 31.

### FUNDING

Eligible physicians may apply for up to \$15,000/year that may be applied toward tuition/course fees, travel/accommodation expenses and may be used to compensate you for your time taken away from practice to pursue the training. Course fees, travel and accommodation reimbursement is based on a cost recovery basis. Compensation for your time is \$950/day and is based on an eight-hour day. If the training program is longer than one-year, multiple years of funding may be requested. No additional application is necessary – a written request after one year and an update of the training progress to date will be required. Applicants are encouraged to seek additional sources of funding to help offset the costs associated with pursuing the leadership training.

### CLAIMING YOUR FUNDING

Claims may only be submitted after attendance at the training with an approved Claim Form. Claim Forms can be found at [www.doctorsofbc.ca](http://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 submit proof of training (e.g. certificate of completion, progress report, evaluation).

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.

### INCOME TAX

Any payments from the Rural Leadership Development Project 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. If so requested on the application form, payment can be made to a corporation and no T4A will be issued.

### RESOURCES

For inquiries related to claims and payments, you may login to our website [www.doctorsofbc.ca](http://www.doctorsofbc.ca) or contact us directly at 604-736-5551 or by email at [benefits@doctorsofbc.ca](mailto:benefits@doctorsofbc.ca).

For program inquiries please contact the REAP Senior Program Assistant at 604-827-1504 or email [reapphysicians@familymed.ubc.ca](mailto:reapphysicians@familymed.ubc.ca).