



# 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		
<b>Please attach to this application:</b> <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</li> <li>▪ Letter from local Hospital Chief of Staff confirming a need for the above training in the your community</li> <li>▪ Letter in support of training from Health Authority Regional Medical Director</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-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> <span><i>Signature</i></span> <span><i>Date</i></span> </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <div style="text-align: center;"><i>Printed Name</i></div>	

**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 Rural Skills Upgrade

## Program Guidelines

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### ELIGIBILITY AND REQUIREMENTS

The purpose of this program is to provide funding for skill enhancement training to physicians who are new or returning to rural practice or those providing locum coverage through the Rural GP Locum Program (RGPLP), Rural GPA Locum Program (RGPALP) or Rural Specialist Locum Program (RSLP) in order to prepare them for rural practice. Training may be obtained prior to commencing work in an RSA Community or prior to providing service to the RGPLP, RGPALP, or RSLP. Training opportunities available under this Program are flexible in timing and may be up to 20 days in length per fiscal year.

New/returning rural physicians applying for this program must have a formal commitment to practice in an RSA Community upon completion of training and must have community and Health Authority support for the requested training.

Locum physicians applying for this program must be accepted into the RGPLP, RGPALP or RSLP prior to applying and must agree to complete a return of service to the RGPLP, RGPALP or RSLP within one year of completion of training. The return of service commitment must be twice as much as the training commitment (e.g., 40 days of service for 20 days of funding for training). The return of service shall be prorated for shorter training durations.

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 STIPEND 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](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 training 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 Senior 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 Rural Skills Upgrade Program will provide a stipend of \$950 per day that may be applied to cover income loss, overhead, and tuition. You will be responsible to pay your primary preceptor \$90/day from your own stipend. 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 \$200 per training day. 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 55¢ 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](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).