



# Rural Education Action Plan

## Closer to Home CME Program

### Application Form

GENERAL INFORMATION		
ORGANIZER LAST NAME	ORGANIZER FIRST NAME	ORGANIZER MIDDLE NAME
ADDRESS (INCLUDE POSTAL CODE)		
PHONE (INCLUDE AREA CODE)	FAX (INCLUDE AREA CODE)	EMAIL ADDRESS
TRAINING AREA (E.G. EMERGENCY, GERIATRICS)		TRAINING DATES
TRAINING LOCATION / PRECEPTOR		
REQUESTED AMOUNT OF REAP FUNDING		WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? (IF "YES" YOU MUST DECLARE ALL OTHER FUNDING IN THIS APPLICATION) <input type="checkbox"/> YES <input type="checkbox"/> NO
IF APPLICATION IS APPROVED, MAKE CHEQUE PAYABLE TO		
TRAINING SUMMARY & EDUCATIONAL OBJECTIVES		
Please provide a summary of the training, the educational objectives and explain how it will benefit your community.		
ATTACHMENTS AND SIGNATURE		
<p><b>Please attach to this application:</b></p> <ul style="list-style-type: none"> <li>Participant list including contact information for each.</li> <li>Summary of the costs and sources of funding.</li> <li>Letter from the local Hospital Chief of Staff or Health Authority Regional Medical Director confirming a need for the training in your community. If you are the local Chief of Staff, this letter must be from the Health Authority Regional Medical Director.</li> </ul>	<p>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 party may cause me and the rest of the participants to be disqualified from completing the 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.</p> <hr/> <p style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </p> <hr/> <p>Printed Name</p>	

**Please return this application and supporting documents to:**

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

Tel: 604-827-1504  
 Fax: 604-822-6950  
 Email: reapphysicians@familymed.ubc.ca

## **Closer to Home CME Program Guidelines**

### **Eligibility Requirements:**

The REAP Closer to Home Program provides funding to groups of rural physicians in order to encourage and assist financially with the delivery of rurally relevant training in rural communities in British Columbia.

The training should be based on community need, rurally-relevant, delivered at the front lines, and be interprofessional, if possible. The training must include pre and post evaluation.

Organizers may apply to REAP for funding up to \$5,000 to offset the costs associated with delivery of Closer to Home CME. Efforts should also be made to use community reverted CME and/or RCME Community Program funds to help defer the expenses for CME delivered in the community. The training should not be supported by pharmaceutical companies.

### **Application Process:**

An application must be submitted along with all the required supporting documents prior to the training commencing.

Upon approval of the application, the Organizers may use the funds to cover faculty time, travel, support other health care practitioner attendance, or other reasonable expenses approved within the budget.

Funding available through the REAP Closer to Home CME Strategy is supplied on a first-come-first-serve basis.

### **Claim Process:**

Upon approval of the application and receipt of an invoice and EFT information, the REAP Administrative Manager will initiate payment to the account provided on the invoice.

### **Questions?**

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