



# Rural Education Action Plan

## Rural Locum CME Program

### Application and Claim Form

GENERAL INFORMATION		
APPLICANT LAST NAME	APPLICANT FIRST NAME	APPLICANT MIDDLE NAME
ADDRESS (INCLUDE CITY AND POSTAL CODE)		
PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS	MSP #
EXPENSE DETAILS		
I'M REQUESTING FUNDING FOR: <input type="checkbox"/> ACLS Recertification AND/OR <input type="checkbox"/> Add-On Course – Course Name: _____		
ACLS COMPLETION DATE	ACLS COURSE LOCATION	COURSE COST (MAX \$350) \$ _____
ADD-ON COURSE COMPLETION DATE	ADD-ON COURSE LOCATION	COURSE COST (MAX \$1,000) \$ _____
ACCOMMODATION (up to \$200/night to a maximum of three nights – receipts required)		ACCOMMODATION COST (MAX \$600) \$ _____
TRAVEL (not to exceed travel costs within BC – see travel policies on page two)		TRAVEL COST (MAX \$1,000) \$ _____
a) Automobile Travel _____ km @\$0.55/km (receipts not required)		\$ _____
b) Ferry / Car Rental / Taxi (receipts required)		\$ _____
c) Airfare (not to exceed economy airfare – receipts required)		\$ _____
<b>TOTAL AMOUNT REQUESTED:</b>		\$ _____
<b>Direct Deposit should be made to the following bank account:</b> <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL CORPORATION		WILL YOU HAVE FUNDING FOR THIS TRAINING FROM ANY OTHER SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE ATTACH DETAILS TO THIS FORM)
ATTACHMENTS AND SIGNATURE		
<b>Please attach to this application:</b> <ul style="list-style-type: none"> <li>▪ Proof of acceptance by Locums for Rural BC:           <ul style="list-style-type: none"> <li>○ LRBC service contract for the year or;</li> <li>○ LRBC welcome letter</li> </ul> </li> <li>▪ Certificates of Attendance           <ul style="list-style-type: none"> <li>○ ACLS Recertification and/or;</li> <li>○ Add-On Course</li> </ul> </li> <li>▪ Receipts for course fees, travel and accommodation</li> </ul>		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 agree to provide at least 10 days of service to Locums for Rural BC within one year of completion of the course(s).  _____ Signature <span style="float: right;">Date</span>  _____ Printed Name
OFFICE USE ONLY		
DATE RECEIVED: _____	CODE _____	
APPROVED: _____	_____	

**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: [REAPPhysicians@familymed.ubc.ca](mailto:REAPPhysicians@familymed.ubc.ca)

# REAP Rural Locum CME

## Program Guidelines

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### ELIGIBILITY AND REQUIREMENTS

This program makes funding available to GP, GPA and Specialist locum physicians to take rurally-relevant courses. The physician must be accepted by Locums for Rural BC prior to course commencement and application to the Rural Locum CME Program and be willing to provide a minimum of ten days of service to Locums for Rural BC within one year of completion of the course. The physician may access the funding prior to providing service to Locums for Rural BC.

The educational event(s) must occur during the fiscal year in which the application is submitted. The fiscal year runs from April 1 – March 31. The educational event(s) must occur after being accepted by Locums for Rural BC.

Newly graduated UBC residents who are members of [Locums for Rural BC](#) may apply for retro-active funding for the Rural Health Conference (as the additional course) through this program provided they've been accepted by Locums for Rural BC within the same fiscal year of completion of residency and attendance of the Conference.

### APPLICATION/CLAIM DEADLINE

The application/claim form and all supporting documents must be submitted upon completion of the courses, but may be accepted up to one week prior to the end of the fiscal year in which the courses began. Both courses must be completed within the same fiscal year in which the application is submitted. The fiscal year runs from April 1 – March 31.

Claims may only be made after attendance at the courses with the approved Claim Form attached above. Copies of the Certificates of Attendance and proof of payment must be submitted along with this form.

Funding for this training from all other sources must be declared on your claim form. Funding is granted on a first-come first-serve basis.

### FUNDING

Course Fees: The Rural Locum CME Program will provide reimbursement up to \$350 for re-certification of ACLS and/or reimbursement up to \$1,000 for an add-on course fee. A list of eligible courses is available at: <http://rccbc.ca/practitioner-support/locums/reap-programs-for-locums/rural-locum-cme-program/>

Accommodation: The Program will provide reimbursement of lodging costs for up to three nights to a maximum of \$200/night. Proof of payment is required. For accommodation with friends/family, a maximum of \$75/night for up to three nights may be claimed. No receipts are required for staying with family/friends.

Travel: Travel reimbursements will only be made with proof of incurred expenses. Ground transportation costs to and from your training locations will be reimbursed at a rate of .55 cents/km, to a maximum not exceeding equivalent economy airfare. Local mileage is not reimbursed (within 25km). Airfare will be reimbursed based on economy fare. Travel occurring outside of BC will not be reimbursed in excess of the equivalent cost of travel within BC. The maximum travel reimbursement for BC residents is \$1,000. For physicians providing service to Locums for Rural BC who do not reside in BC, applications will be handled on a case-by-case basis to determine eligible reimbursement – the travel reimbursement may be capped at \$600.

### 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 email [REAPPhysicians@familymed.ubc.ca](mailto:REAPPhysicians@familymed.ubc.ca) or phone 604-827-1504. For information regarding your claim, please email [benefits@doctorsofbc.ca](mailto:benefits@doctorsofbc.ca) or phone 604-638-2929.