



BRITISH COLUMBIA

Ministry of Health



RURAL EDUCATION ACTION PLAN
ADVANCED SKILLS & TRAINEESHIP PROGRAM
APPLICATION

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	
CITIZENSHIP		SIN		CPS LICENSE #	
REQUESTED TRAINING AREA(S) (E.G. EMERGENCY, GERIATRICS)					
REQUESTED AMOUNT OF TRAINING TIME (1 - 52 WEEKS)				REQUESTED START DATE	
PREFERRED TRAINING LOCATION/PRECEPTER (IF APPLICABLE)					

ESTIMATED TRAINING COSTS Please note that funding is limited; consequently, complete funding may not be possible

BURSARY	TRAVEL	ACCOMMODATION	TOTAL
\$2,250/wk x wks = \$	\$	\$	\$

PERSONAL STATEMENT & EDUCATIONAL OBJECTIVES

Please outline why you are interested in this program and what you wish to accomplish

ATTACHMENTS AND SIGNATURE

- Please attach to this application:**
- Current CV
 - Letters of reference
 - Letter of Health Authority and/or Physician support
 - Letter from local Health Authority CEO or Chief of Staff confirming you have been practicing in a RSA community for the 9 months out of the past year

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.

Signature

Date

Please return this application and supporting documents to:
 Advanced Skills and Traineeship Program
 UBC Department of Family Practice
 5804 Fairview Crescent
 Vancouver BC V6T 1Z3

Fax: 604 822-6950
 Phone: 604 822-0869