



Ministry of Health Services



BRITISH COLUMBIA MEDICAL ASSOCIATION



# Rural Education Action Plan Specialty Training Bursary Application

I. PERSONAL DATA				
SURNAME (PLEASE PRINT)		FIRST NAME AND INITIAL		SOCIAL INSURANCE NUMBER
PRESENT ADDRESS			PERMANENT ADDRESS	
HOME PHONE		BUSINESS PHONE		E-MAIL ADDRESS
RESIDENT OF (NAME OF PROVINCE)				
II. EDUCATION				
TYPE OF INSTITUTE	NAME OF INSTITUTE	TYPE OF COURSE	CERTIFICATE HELD (DEGREE)	DATE COMPLETED
<b>University</b> 1) Undergraduate Study:  2) Post-Graduate Study:  Other:		Majors:  Specialization:		
III. PROFESSIONAL EXPERIENCE				
TYPE OF RESIDENCY (and subspecialty if applicable):		RESIDENCY LOCATION:	START DATE:	COMPLETION DATE:
OTHER RELATED PROFESSIONAL EXPERIENCE:				
IV. REFERENCES				
CAREER REFERENCES (please provide two people who have supervised your work and a letter of good standing from the program head):				
Name:		Occupation:	Phone:	
Name:		Occupation:	Phone:	
V. TRAINING REQUIRING BURSARY ASSISTANCE				
SPECIALTY PROGRAM:		ACADEMIC YEARS REMAINING:	FINAL COMPLETION DATE:	

## VI. RETURN IN SERVICE

Bursary recipients are required to sign a formal, return-in-service bursary agreement, in which they commit to practise in a RSA defined rural community in British Columbia.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please attach to this application:

- Current CV
- Letter in support of training from current department head
- Letter of satisfactory completion from Specialty department head
- Letter of Acceptance from Health Authority confirming a position in a specialty department of a hospital included in the RSA

Mail Completed Application and Supporting Documents to:

### Rural Education Action Plan

300 University Boulevard  
Vancouver BC V6T 1Z3

Phone: 604-827-4188 Fax: 604-822-6950

Email: [reap@familymed.ubc.ca](mailto:reap@familymed.ubc.ca)