



# Rural Education Action Plan

## Closer to Home CME Program

### Application Form

GENERAL INFORMATION		
ORGANIZER LAST NAME	ORGANIZER FIRST NAME	ORGANIZER MIDDLE NAME
ADDRESS	CITY, PROVINCE, POSTAL CODE	PHONE (INCLUDE AREA CODE)
EMAIL ADDRESS	MSP #	DOCTORS OF BC ID#
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, PAYABLE TO: (PLEASE INCLUDE ORGANIZATION NAME, CONTACT PERSON AND EMAIL ADDRESS)		
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 style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> <span>Printed Name</span> </div>	

Please submit this application and supporting documents to  
**REAP.Physicians@ubc.ca**

# REAP Closer to Home CME

## Policies & Guidelines

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Closer to Home CME funding offers rural BC physicians a bursary to assist with accessing rurally relevant training in their communities.

CME organizers may apply for up to \$5,000 to offset the costs associated with delivering a course or workshop. Additionally, efforts should be made to utilize reverted CME and/or RCME funds to help defray the expenses for CME activities delivered within the community.

### ELIGIBILITY

The CME event must take place in a Rural Subsidiary Agreement (RSA) community and be attended by rural physicians practicing within that community.

Courses and workshops supported by Closer to Home CME funding should ideally be delivered in the community and must meet the following criteria:

- Based on community need.
- Open to interprofessional participants.
- Evaluated both before and after the course.

The event should not receive funding from pharmaceutical companies.

### APPLICATION PROCESS

To apply, submit the completed application along with the following supporting documents prior to the start of the training:

- A participant list, including contact information.
- A summary of costs and sources of funding.
- A letter from the local Hospital Chief of Staff or Health Authority Regional Medical Director confirming the need for the training in your community. If the applicant is the Hospital Chief of Staff, this letter must be from the Health Authority Regional Medical Director.

### EXPENSE POLICIES

Funds may be used to cover:

- Faculty time and travel.
- Support for other healthcare practitioners' attendance.
- Other reasonable expenses, as approved within the event's budget.

Closer to Home CME funds are allocated on a first-come, first-served basis.

### CLAIM PROCESS

Upon approval of the application, the REAP Physician Support Specialist will provide further information about the claim process.

### QUESTIONS

For further inquiries, please contact the REAP Physician Support Specialist at REAP.Physicians@ubc.ca or 604-827-1504.