



Rural Education Action Plan Specialty Training Bursary Application Form

GENERAL INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY, PROVINCE	POSTAL CODE
MOBILE PHONE (INCLUDING AREA CODE)	EMAIL ADDRESS	SOCIAL INSURANCE NUMBER

Have you received this bursary in the past? Yes No If yes, when? _____

EDUCATION

TYPE OF INSTITUTE	NAME OF INSTITUTE	TYPE OF COURSE	CERTIFICATE HELD (DEGREE)	DATE COMPLETED
University 1) Undergraduate Study:		Majors:		
1) Post-Graduate Study:		Specializations:		
Other:				

PROFESSIONAL EXPERIENCE

TYPE OF RESIDENCY (and subspecialty if applicable):	RESIDENCY LOCATION:	START DATE:	COMPLETION DATE:
---	---------------------	-------------	------------------

OTHER RELATED PROFESSIONAL EXPERIENCE

REFERENCES

CAREER REFERENCES (please provide two people who have supervised your work and a letter of good standing from the Program Director):

NAME:	OCCUPATION:	PHONE/EMAIL:
NAME:	OCCUPATION:	PHONE/EMAIL:

TRAINING REQUIRING BURSARY ASSISTANCE

SPECIALTY PROGRAM:	ACADEMIC YEARS REMAINING:	FINAL COMPLETION DATE:
--------------------	---------------------------	------------------------

RETURN OF SERVICE, ATTACHMENTS AND SIGNATURE

Bursary recipients are required to sign a formal, return-of-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

Date

Please attach to this application:

- Current CV
- Letter of Acceptance from Health Authority confirming a position in a specialty department of a hospital included in the RSA.
- A confirmation that you have accepted the offer of employment.
- A letter of support from your current Residency Program Director which confirms that you are in good standing in the training program and are expected to complete training on schedule.

Submit completed application and supporting documents to:

Rural Education Action Plan
300-5950 University Boulevard
Vancouver BC V6T 1Z3
Email: reap@familymed.ubc.ca

REAP Specialty Training Bursary Program

Policies and Guidelines

OVERVIEW

The purpose of this Program is to provide incentive funding (\$25,000/year for a maximum of \$50,000) to Residents or Rural Physicians completing focused postgraduate training in a FOM Specialty Training Program. Residents or Rural Physicians are eligible to apply if they: are enrolled in a Canadian Specialty Residency program and are entering their final two years of residency; and have been accepted to a specialty position by a hospital included in the RSA once they have completed their residency program. A one-year return of service requirement is attached to each year of funding that the successful applicant receives.¹

ELIGIBILITY REQUIREMENTS

Residents or Rural Physicians are eligible to apply if they:

- are enrolled in a Canadian Specialty Residency program and are entering their final two years of residency and;
- have been accepted to a specialty position by a hospital included in the RSA once they have completed their residency program.

Applicants may apply each year they meet the eligibility criteria to a maximum of two years in a row. Preference will be given to specialties identified as being "in need" in rural communities of BC.

AWARD DETAILS

Provided the applicant meets the eligibility requirements at the time of application, he/she may apply for up to 2 years of bursary funding (at \$25,000/annum) to a maximum of \$50,000. Bursary funding is only available while the recipient is pursuing a Specialty Residency Program and after he/she has accepted a job offer in a hospital included in the RSA. Canada Customs and Revenue consider bursary funds taxable income.

APPLICATION PROCEDURES

The REAP Specialty Training Bursary application package must be mailed or dropped off along with all the required supporting documents on or before 4:30pm on the application deadline. Applications will not be accepted via email and must be submitted in one complete package including reference letters. Reference letters submitted separately from the application will not be accepted. Incomplete applications and applications received after the deadline will not be considered.

Your application package must include:

1. A completed application form;
2. A resume of work, academic and community experience including an outline of studies including special courses or training;
3. A letter of support from your current Residency Program Director which confirms that you are in good standing in the training program and are expected to complete training on schedule.
4. A letter of employment, endorsed by the Health Authority, to a position in a specialty department of a hospital included in the RSA.
5. A confirmation that you have accepted the offer of employment.

APPLICATION DEADLINE

Complete applications packages must be submitted by **January 15th, 2016**.

Please mail or drop off the completed application package to:

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

¹ Full time is defined as practicing a minimum of nine months of the year and billing greater than \$50,000 per year (fee-for-service and alternate payments).

SELECTION PROCESS

The REAP Director will review and select the successful candidates. Following selection, successful applicants will be notified by email or telephone. The REAP office will distribute copies of the bursary agreement to successful applicants. These must be signed and returned to the REAP office before the payment can be made. A signed copy will be returned to the bursary recipient for his/her records.

RETURN-OF-SERVICE COMMITMENT

Upon completion of the medical training as specified in the bursary agreement, physicians are required to provide a specified period of service in rural British Columbia as stipulated in their bursary agreement. Total return-of-service time is calculated based on the following:

- One year (12 months) of service in a RSA designated rural community for each year of funding.

Applicants must notify the REAP program office of their practice location and the date they intend to commence Practice. This will enable accurate detailing of credit for the return-of-service commitment.

Upon completing the necessary requirements to practice in their area of specialty, physicians will be provided a six-month period in which to establish medical practice and full-time residency in the RSA community in which they have a position.

DEFERMENTS

If a bursary recipient wishes to seek permission to defer his/her service commitment, a request must be submitted in writing to the Rural JSC, providing full details, at least 6 months prior to the commencement of the proposed deferment. Deferments would be considered for issues such as the need for additional training, serious family illness, death or maternity.

All requests for deferrals will be adjudicated by the JSC and these decisions will be communicated in writing to bursary recipients.

INABILITY TO ESTABLISH PRACTICE

In the event that the physician is, through no fault of his/her own, unable to establish practice arrangements as required by the bursary agreement, but has demonstrated due diligence in attempting to do so to the satisfaction of the JSC, the physician may apply in writing to the JSC to be released from their service and repayment commitments.

DEFAULT PROVISIONS

Physicians, who fail to complete their service commitment mid-term, will be required to repay a proportionate percentage of their bursary funds to the time remaining. For example, if the service commitment ends following one year of service, the resident must repay one year or \$25,000. The terms will be specified in the recipient's promissory note (included with the contract). Failure to complete the residency program for academic reasons will necessitate repayment of all bursary funds.

MONITORING AND VERIFICATION OF SERVICE

Once a physician has set up practice in an approved community, a quarterly follow-up will be made. This follow-up procedure is made through the REAP office.

RELOCATION APPEALS MECHANISM

Physicians wishing to move to another RSA community during the period of their return-of-service contract may write to the JSC indicating their desire to move. Approvals will be made at the discretion of the JSC.

QUESTIONS

Email: reap@familymed.ubc.ca

ADDITIONAL INFORMATION

For more information about REAP, please visit: <http://rccbc.ca/rccbc/about-reap/reap-programs/>

For a list of Rural Subsidiary Agreement (RSA) Communities, please see:

http://rccbc.ca/wp-content/uploads/2014/05/rsa_community.pdf