

GROUP SCHOLARSHIP APPLICATION

Physician Leadership and
Quality Improvement Training Program



Please read the following important details:

A group application can be completed when more than one physician in the same health authority is applying for the same activity. Custom courses designed for a specific group/purpose does not meet funding criteria.

Physicians should apply for scholarship funding before taking the course or conference. SSC and SCC scholarship funding is available for physicians as certificants or fellows of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada (CFPC) who are actively and independently practicing in BC. Funding is provided for participation in programs with a core and primary focus on leadership or quality improvement, offered by recognized academic institutions, professional bodies and/or quality improvement organizations, with preference given to programs reflecting Canadian context where available.

Maximum funding up to \$10,000 per physician each fiscal year (April 1 - March 31) can be applied for to cover actual tuition fees and travel costs. Submission of receipts will be required for reimbursement.

Not funded:

- Clinically-focused events or conferences covered through CME
- Time/compensation for attendance
- Reimbursement to organizations that hold in-house or custom courses
- Courses being funded partially by another scholarship or funding source
- Non physicians, residents and physicians completing a fellowship in BC do not qualify for funding at this time. Physicians must be currently licensed to practice independently to qualify.

Funding will be provided once course has been successfully completed by attendees. A signed attendance list or certificates of completion will be required as proof of attendance for each physician.

Endorsement and sign-off is required from the Health Authority before the scholarship review committee can approve it.

If you have specific questions, please feel free to reach out to the Doctors of BC staff at JCCtraining@doctorsofbc.ca

The following two pages must be completed in full before submitting.

Are you organizing a course or conference for a **Medical Staff Association or Division of Family Practice**? Please check with your local Facility Engagement or GPSC Community Liaison to receive guidance on which funds should be used.

GROUP SCHOLARSHIP APPLICATION

Physician Leadership and
Quality Improvement Training Program



A group application can be completed when more than one physician in the same health authority is applying for the same activity. Custom courses designed for a specific group/purpose does not meet funding criteria.

MAIN APPLICANT/ CONTACT PERSON FOR GROUP

Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____
Mailing Address: _____
City: _____ Postal Code: _____
Signature: _____ Date _____

TRAINING REQUEST INFORMATION

Date(s) of Training
and City: _____
Organization
delivering training: _____
Title of
course/event: _____
Intended outcome
of Training: _____

Is the course being altered or customized in any way?
 YES NO

FUNDING INFORMATION

Tuition and travel expenses up to a maximum of \$10,000 per physician. Funding will cover actual tuition fees and travel costs (receipts are required). Time/compensation for attendance is **excluded** from funding.

Tuition Fee per physician: _____ Estimated expenses per physician: _____
Will funding be paid to: Each physician directly Organization delivering training
 Health Authority Other _____

HEALTH AUTHORITY ENDORSEMENT

Physician to seek endorsement before submitting for approval to the JCC

Vice President of Medicine
Name (Print): _____
Comments: _____
Health Authority: VCH FHA VIHA PHSA IHA NHA FNHA

VP - Signature: _____ Date: _____

GROUP SCHOLARSHIP APPLICATION
Physician Leadership and
Quality Improvement Training Program



Please list all physicians who wish to attend the training:

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

Physician Name: _____ MSP#: _____
Title: _____ Specialty: _____ GP SP
Email: _____ Telephone #: _____

(If more spaces needed, please duplicate this page)