



**Community/Program Application for Use of Rural
Community Funds**

Proposals for use of Reverted RCME funds will be considered for approval by the Health Authority Medical Advisory Committee (HAMAC).

Projects/Events must:

1. Be cost effective.
2. Meet accreditation criteria (RCPSC, CFPC or equivalent).
3. Support group activity (except in extremely isolated communities).
4. Meet identified community and physician needs.
5. Meet Island Health's clinical/educational objectives.
6. Not have funding available from other sources.

Physician Group Name _____

Group Contact: Name: _____ Phone: _____

Email: _____

Community or Program: _____

Applicant's Name (Print) & Signature: _____

Community CPD Coordinator or Program Medical Director Signature of Approval:

Purpose/Reason for Request: _____

Attach copy of proposed course curriculum.

Number of participating physicians: _____ Course Dates: _____

Amount Requested: _____

Educational Materials Requested: _____

Amount Requested: _____

Date Submitted: _____

Attach additional pages as required.

SUBMIT COMPLETED APPLICATIONS TO:

Medical Staff Engagement and Development, CPD for Medical Staff

KW 303, Memorial Pavilion, 1952 Bay Street, Victoria BC V8R 1J8

Email: Antoinette.Picone@viha.ca Fax: 250-519-1923 Phone: 250-370-8425

Approval Signature: _____

Date _____