RURAL CONTINUING MEDICAL EDUCATION REIMBURSEMENT FORM

northern health

Name: _____ Specialty: _____

Address: _____ Telephone: _____

City: _____ Cell\Hotline: _____

Postal Code: _____ Email: _____

Name of Course \ Conference \ Meeting: _____

Location: _____

Dates of Event: _____

CME Credits Obtained: ☐ (Minimum of **3.5** credit hours per day required for each day reimbursed) **Certificate of Attendance Required!**

ITEMIZED RECEIPTS REQUIRED

Registration Fee:	$	
Transportation: *Receipts must include passenger, flight info & costs*	$	Mode:
Parking Fees & Taxi Fares:	$	
Car Rental:	$	# of rental days:
Mileage: *Reimbursed at provincial rate ($0.52/km) over 25 km*	$	# of kilometers:
Accommodation: *Hotel: up to $400/night | Private Residence: $80/night*	$	# of nights:
Meals & Miscellaneous Sundry Expenses: *$95 per day – no receipts required*	$	# of days:
Overhead Private Practice Physician: *$300/day for each full office day missed*	$	# days claimed:
Overhead from Practice (ER, APP, Anesthesia, etc)**:** *$180/day for each full day missed*	$	# days claimed:

ITEMIZED RECEIPTS REQUIRED

Electronic Purchases: *Continuing Medical Education Purpose*	$	Desc:
Annual Internet Provider Fees: *Beginning & end statements plus any rate changes*	$	Desc:
CME Software Purchases: *Not Eligible: EMR, billing, etc.*	$	Desc:
Donation to Northern Health Library: *Max: $100*	$	
Medical Education Materials: *Medical Texts/Journals/CDs/Small Group Learning*	$	Desc:

CLAIM TOTAL: $ 0.00

Amount Requested: $ **Date:**

I hereby certify that the information provided on and with this application is truthful and accurate.
I understand that this claim total may need to be adjusted to comply with RCME policies:

Physician Signature: _____ **NCME Approval:** _____

Allocation Available:
$ (office use only)

Please return completed form with receipts to:
Northern Continuing Medical Education Program
Suite 600 - 299 Victoria St, Prince George, BC, V2L 5B8
Telephone 250-565-5872 | Fax 250-565-2640
ncme@northernhealth.ca