

SCHOLARSHIP APPLICATION
Physician Leadership and
Quality Improvement Training Program



All highlighted fields are mandatory

APPLICANT INFORMATION – Physician to complete

Physician Name: _____ **MSP #:** _____

Title: _____ **Specialty:** _____ **GP** **SP**

Email: _____ **Telephone #:** _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Physician Signature: _____ **Date:** _____

TRAINING REQUEST INFORMATION – Physician to complete

Date(s) of Training and City: _____

Organizer: _____

Training Event Title: _____

Intended Outcome of Training: _____

FUNDING INFORMATION – Physician to complete

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

Tuition Fees: _____ **Estimated Travel Costs:** _____

HEALTH AUTHORITY ENDORSEMENT
Physician to seek endorsement before submitting for approval to the JCC

Vice President, Medicine Name _____ **One-time approval provided, VP Medicine signature not required.**

Comments _____

Health Authority: VCH FHA VIHA PHSA IHA NHA FNHA

No signature required _____ **Date:** _____

Please send completed applications to:
JCC Leadership Training
(E) JCCtraining@doctorsofbc.ca
(P) 604-638-5777 (F) 604-638-2922