



# SCHOLARSHIP APPLICATION PHYSICIAN LEADERSHIP TRAINING



## APPLICANT INFORMATION

Physician Name: \_\_\_\_\_ MSP #: \_\_\_\_\_

Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

## TRAINING REQUEST INFORMATION

Training Dates: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Intended Outcome of Training: \_\_\_\_\_  
\_\_\_\_\_

## FUNDING INFORMATION

**Criteria For Funding:** 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. Each submitted application requires pre-approval by a sub-committee of the SSC.

Tuition Fees: \_\_\_\_\_ Estimated Travel Costs: \_\_\_\_\_

## HEALTH AUTHORITY ENDORSEMENT

Vice President, Medicine (Print Name) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Completed Applications to:**

Nadeen Johansen, Secretariat, Specialist Services Committee  
Primary Health Care and Specialist Services Branch  
Ministry of Health  
Email: nadeen.johansen@gov.bc.ca  
Telephone: 250.952.2052 Fax: 250.952.1417