

RURAL CONTINUING MEDICAL EDUCATION REIMBURSEMENT FORM

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.



Registration Fee:	\$	Receipts Required	
Transportation: <small>Receipts for Airfare must include destinations & costs.</small>	\$		Mode of travel:
Parking Fees & Taxi Fares:	\$	Receipts Required	
Car Rental:	\$	Receipts Required	Number of rental days:
Mileage <small>Reimbursed at \$0.50 per kilometer</small>	\$		Number of kilometers:
Accommodation: <small>Hotel \$300/night max Private Residence \$80/night</small>	\$	Receipts Required	Number of nights:
Meals and Miscellaneous Sundry Expenses: <small>Maximum \$75 per day</small>	\$		Number of days:
Overhead Private Practice Physician: <small>\$300/day - Based on Monday to Friday practice</small>	\$		# days claimed:
Overhead from Practice (ER, APP, Anesthesia, etc): <small>\$150/day - Based on Monday to Friday practice</small>	\$		# days claimed:



Electronic Purchases: <small>Max 50% of annual entitlement per year</small>	\$	Receipts Required	Description:
Internet Provider Fees:	\$	Receipts Required	Statements from beginning of term & end of term being claimed required.
Medical Software Purchases: <small>Not Eligible: Word Processor, EMR Billing, etc</small>	\$	Receipts Required	Description:
Donation to Northern Health Library:	\$	Receipts Required	Maximum donation \$100
Medical Books, Journals, CD's, etc:	\$	Receipts Required	Description:



CLAIM TOTAL \$ _____

Amount Requested: \$ _____ Date: _____

I hereby certify that the information provided on and with this application is truthful and accurate:

Physician Signature: _____ Approval: _____ | _____
Please Print Name

Allocation Available:
 \$ _____ (office use only)

Please return completed approved form with receipts to:
 Regional Coordinator – Northern Continuing Medical Education
 1399 6th Avenue - Prince George, BC – V2L 5L6
 Telephone (250) 565-5814 | Fax (250) 562-0308,
ncme@northernhealth.ca