

SCHOLARSHIP APPLICATION
Physician Leadership and
Quality Improvement Training Program



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 _____
Comments _____
Health Authority: VCH FHA VIHA PHSA IHA NHA FNHA
VP, Medicine Signature _____ Date: _____

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