

SCHOLARSHIP APPLICATION
Physician Leadership Scholarship



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: April 6 to June 29, 2021 Online
Organizer: Institute for Health Care Improvement
Training Event Title: Joy in Work
Intended Outcome of Training: _____
Are you hoping to apply learnings to your current or future role? Current Role: _____
Future Role: _____

FUNDING INFORMATION – Physician to complete

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.
Tuition Fees: \$549 Estimated Travel Costs: NA

Health Authority: _____ VCH _____ FHA _____ VIHA _____ PHSA _____ IHA _____ NHA _____ FNHA _____

Please send completed applications to:
JCC Leadership Training
(E) JCCtraining@doctorsofbc.ca
(P) 604-638-7905 (F) 604-638-2922