

**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: \_\_\_\_\_  
 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: \_\_\_\_\_ Estimated Travel Costs: \_\_\_\_\_

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

Vice President,  
 Medicine Name: (Print) \_\_\_\_\_  
 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](mailto:JCCtraining@doctorsofbc.ca)  
 (P) 604-638-5777 (F) 604-638-2922