

**Rural Continuing Medical Education Program (RCME)  
Community/Program Application for Use of Reverted Funds**

Proposals for use of Reverted RCME funds will be considered for approval by the Health Authority Medical Advisory Committee (HAMAC).

Projects/Events must:

1. Be cost effective.
2. Meet accreditation criteria (RCPSC, CFPC or equivalent).
3. Support group activity (except in extremely isolated communities).
4. Meet identified community and physician needs.
5. Meet VIHA's clinical/educational objectives.
6. Not have funding available from other sources.

Physician Group Name \_\_\_\_\_

Group Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Community or Program: \_\_\_\_\_

Applicant's Name (Print) & Signature: \_\_\_\_\_

Community CPD Coordinator or Program Medical Director Signature of Approval:

\_\_\_\_\_

Purpose/Reason for Request: \_\_\_\_\_

\_\_\_\_\_

*Attach copy of proposed course curriculum.*

Number of participating physicians: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Educational Materials Requested: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATIONS TO:**

**Dr. Rod McFadyen, Medical Director, Continuing Professional Development**

**KW 303, Memorial Pavilion, 1952 Bay Street, Victoria BC V8R 1J8**

**Email: [Rod.McFadyen@viha.ca](mailto:Rod.McFadyen@viha.ca) Fax:250-519-1923 Phone: 250-519-1544**

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