



**CONTINUING MEDICAL EDUCATION  
APPLICATION FOR SPECIAL CONSIDERATION  
TO ATTEND COURSE/CONFERENCE**

*All claims requiring special consideration (eg. out of country travel, cruises, informal training) must have prior written approval of the Medical Director, Continuing Professional Development and Knowledge Translation (CPD-KT) or designate. Claims may be prorated based on availability of courses in Canada or time spent on education.*

<i>Please Print Clearly</i>	
<b>Name:</b>	
<b>MSP #</b>	<b>Daytime Telephone:</b>
<b>Address:</b> Street:	<b>GP or Specialty:</b>
City:	<b>Social Insurance No.:</b>
Postal:	<b>Email Address:</b>
<b>Course/Conference Name:</b>	
<b>Location:</b>	<b>Date:</b>
<b>Brief Description of Course/Conference Content:</b>	
<b>Course/Conference Costs:</b>	
<b>Registration Fees:</b> <i>(social &amp; membership fees not eligible – Proof of registration, Attendance certificate must be submitted with claim)</i>	\$ _____
<b>Transportation:</b> Indicate mode of travel: __ personal vehicle; __ air; other: _____ <i>Original receipts for airfare to be submitted with claim – must include dates of travel, destination &amp; cost (Original receipts required for car rental. Mileage will be reimbursed per VIHA Travel Policy (\$0.48 per km as at April 1<sup>st</sup>, 2007) Please indicate km _____. (Personal mileage allowance may not be claimed when using rental vehicle.)</i>	\$ _____
<b>Accommodation/Meals:</b> Maximum: in Accordance with VIHA Travel Policy <i>(Original receipts to be submitted with claim)</i> APPROX: \$ _____ Maximum allowable <u>without</u> receipts:	Accommodation: \$30 per day x _____ days = \$ _____ Meals: \$47.50 per day x _____ days = \$ _____
<b>Days of travel:</b> Indicate number of travel days (if any) included in the above _____ days. Dates: _____	
<b>Applicant's Signature:</b>	
_____ <i>Applicant: Original Signed copy of this form to be attached to final claim for payment.</i>	
<b>Forward completed application for approval to:</b> <b>Physician Compensation</b> <b>c/o Finance, Nanaimo Regional General Hospital</b> <b>1200 Dufferin Crescent</b> <b>Nanaimo, BC V9S 2B7</b>	
<b>Approved by Medical Director, Continuing Professional Development &amp; Knowledge Translation (CPD-KT):</b>	
<b>Signature:</b> _____	<b>Print Name:</b> _____