



# RURAL CONTINUING MEDICAL EDUCATION REIMBURSEMENT FORM

**NOTE: ONE FORM FOR EACH CLAIM REQUIRED:**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ Cell/Hotline: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Course \ Conference \ Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Event: \_\_\_\_\_

CME Credits Obtained: \_\_\_\_\_ (Minimum of 3.5 credit hours per day required for each day reimbursed)

Registration Fee:	\$	Receipts Required	
Transportation: Receipts for Airfare must include destinations & costs.	\$	Receipts Required	Mode of travel: _____
Parking Fees & Taxi Fares:	\$	Receipts Required	
Car Rental:	\$	Receipts Required	Number of rental days: _____
Mileage Reimbursed at \$0.50 per kilometer	\$		Number of kilometers: _____
Accommodation/Meals: \$250/day/Hotel & Meals OR Room/Board \$80/night	\$	Receipts Required/ Not Required for room/board	Number of nights: _____
Meals and Miscellaneous Sundry Expenses: Maximum \$50 per day for day meetings	\$		Number of days: _____
Overhead Private Practice Physician: \$300/day - Based on Monday to Friday practice.	\$		# days claimed: _____
All other physicians: \$180/day - Based on Monday to Friday practice	\$		# days claimed: _____

Books, Journals, Computer Software	\$	Receipts Required	Description: _____
Video Conferences, Instructional Audio & Videotapes, Podcasts	\$	Receipts Required	
Computer Hardware including Peripheral Devices	\$	Receipts Required	Description: _____
Electronic Equipment (DVD, Blue Ray, iPods, Voice Recorders, Digital Cameras, PDA, Smartphone)	\$	Receipts Required	Description: _____
Network Access Fees	\$	Receipts Required	Description: _____

CLAIM TOTAL \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the information provided on and with this application is truthful and accurate and that I will not access another source of reimbursement for these expenses:

Physician Signature: \_\_\_\_\_ Approval: \_\_\_\_\_

Please return completed form with receipts to:  
Physician Compensation  
1200 Dufferin Crescent  
Nanaimo, BC V9S 2B7

For enquires call Sara Murtagh @ (250) 755.7691 ext. 53106  
Or email Sara.Murtagh@viha.ca

<b>Allocation Available:</b> \$ _____ (office use only)
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