



Rural Education Action Plan

Advanced Skills & Training and Rural Skills Upgrade Program

Claim Form

GENERAL INFORMATION			
NAME	MSP #	PHONE #	
ADDRESS			
CITY	POSTAL CODE	EMAIL ADDRESS	
DIRECT DEPOSIT SHOULD BE MADE TO THE FOLLOWING BANK ACCOUNT: <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL CORPORATION			
CHECK ONE	PROGRAM YOU ARE CLAIMING FOR	SPECIFIC DATES OF TRAINING BEING CLAIMED	
<input type="checkbox"/>	1. ADVANCED SKILLS & TRAINING (1-60 DAY PROGRAM)	START DATE:	END DATE:
<input type="checkbox"/>	2. RURAL SKILLS UPGRADE (1-20 DAY PROGRAM)	START DATE:	END DATE:
I have submitted my REAP Evaluation Forms to REAP Program Assistant <input type="checkbox"/> Yes <input type="checkbox"/> No			
EXPENSE DETAILS:			
BURSARY	\$680 x _____ days	\$ _____	
ACCOMMODATION	(max of up to \$200 per day, based on number of days approved for training - copies of receipts required)	\$ _____	
TRAVEL	(max of up to \$2,000 per entitlement year)	a) Training Location: _____	
b) Automobile Travel _____ km @ \$0.53 per kilometre (mileage receipts not required)	\$ _____		
c) Ferry / Car Rental / Taxi / Toll (copies of receipts required)	\$ _____		
d) Airfare (not to exceed economy airfare – copies of receipts required)	\$ _____		
Add lines b, c & d ►			\$ _____
TOTAL AMOUNT REQUESTED ►:			\$ _____
Are you receiving funding for this program from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If YES, please attach details to this form.</small>			
<small>I hereby certify that the information provided on and with this application is truthful and accurate. As this benefit is taxable, I authorize the use of the information contained in this application for the administration of the Membership/Benefit Programs. If I do not complete the training, I agree that I will repay to the Doctors of BC any advanced funds received by me on a pro rata basis within thirty (30) days of the last day I attended the funded course. I acknowledge that Doctors of BC non-members will be charged administration fees. The maximum administration fee deducted is the balance of my equivalent membership fees, or 50% of my entitlement, plus GST, whichever is less.</small>			
Signature: _____		Date: _____	
FOR DOCTORS OF BC OFFICE USE ONLY:			
DATE RECEIVED: _____		CODE: _____	
APPROVED: _____		_____	

PLEASE RETURN YOUR COMPLETED CLAIM FORM TO THE DOCTORS OF BC BY MAIL, FAX, OR EMAIL

REAP Advanced Skills & Training and Rural Skills Upgrade Program

General Guidelines

1. EXPENSES

- **BURSARY** – intended to provide income replacement while receiving (re)training and/or skill enhancement. Bursary funding will be provided upon receipt of a completed claim form and a copy of your acceptance letter from the REAP Screening Committee. In addition, training must have been completed and evaluation forms must have been received by the REAP Program Assistant
- **ACCOMMODATION** – for lodging only. Reimbursed to a maximum of \$200 per day, based on the total number of days of training approved (i.e. if approved for 20 days of training, the maximum allowable for accommodations for the entire duration of training will be \$4000). Reimbursement will only be provided with copies of your paid accommodation receipts. Food expenses will not be reimbursed. For accommodations with family/friends, a maximum of \$75/day may be claimed. No receipts are required for staying with family/friends.
- **TRAVEL** - travel reimbursements will only be made with proof of incurred expenses. Receipts are required for all transportation costs, excluding mileage/fuel costs. Ground transportation costs to and from your training location will be reimbursed at the rate of .53 cents per km, to a maximum not exceeding equivalent economy airfare. For travel between more than one community, specific details must be provided on a separate page. Local mileage is not reimbursed (within 25 km). Please provide copies of your expense receipts, as originals will not be returned. **The maximum for travel expense is \$2000 per entitlement year.**
- **EVALUATIONS**- Before payment can be processed by the Doctors of BC, you must complete and submit the REAP Trainee Evaluation, Site Evaluation and Preceptor Payment Receipt to the REAP Program Assistant. Contact the REAP Program Assistant for details.

2. DEADLINE

Training must be completed and your REAP claim form submitted to the Doctors of BC by December 31 following the fiscal year in which approval was granted by the REAP Screening Committee – eg: for approvals granted in the 2015/16 funding year, training must be completed and REAP claim form submitted by December 31, 2016.

3. PAYMENT

REAP payments will only be made via direct deposit. A REAP Direct Deposit form must be completed.

4. INCOME TAX

REAP payments are considered to be a taxable benefit and as such, a T4A will be issued. Social insurance numbers are required for this purpose. Note that you may claim educational costs as a deduction for income tax purposes. Please contact your tax advisor for further details. If requested on the application form, payment can be made to your corporation and no T4A will be issued.