

## Community GPO Education Program Application

**10 Week Program**

***Community need for expertise in cancer care is a requirement of acceptance into this program.***

***Please ensure you have reviewed the Program mandate on the*** [***Network Website***](http://www.bccancer.bc.ca/health-professionals/networks/family-practice-oncology-network/general-practitioners-in-oncology-training-program)***.***

# ***APPLICANT DETAILS***

# **NAME OF APPLICANT:**

# First Name, Middle Initial, Last Name

**ADDRESS**

Street # and name, City, Province, Postal Code

**TELEPHONE NUMBERS:**

Office:

Mobile:

**EMAIL ADDRESS:**

**INTRODUCTORY MODULE YOU PLAN TO TAKE**:

Spring 2024 Virtual Delivery: morning lectures only, February 5 – 16, and February 26 – March 8

Fall 2024 Virtual Delivery: morning lectures only, September 16 – 27, and October 7 – 21

Following the Introductory Module, 30 days of Clinical Rotation will be arranged at the Cancer Centre(s) where your patients are referred. A letter of completion from that Centre and a post program evaluation are required in order to receive credit.

**BRIEFLY STATE YOUR REASONS FOR WANTING TO TAKE THE PROGRAM:**

***CAREER GOAL***

**POST GPO EDUCATION PROGRAM CAREER GOAL:**

**BC/Yukon Community GPO**

**Other – please specify**

# ***COMMUNITY DETAILS AND ONCOLOGY EXPERIENCE***

**Do you have the support of your local medical community to take this program? Yes  No**

**What commitment do you have to becoming an identified oncology leader/facilitator in your community?**

**Please provide information on your local medical community, focusing on oncology services and support (examples: Oncologists, GPOs, Internists, Surgeons, Diagnostic Services, Palliative Care):**

**Is there a chemotherapy clinic operating in your community? Yes**  **No**

**Describe and explain your experience with cancer patients:**

# ***CURRENT PRACTITIONER INFORMATION***

# **MEDICAL SERVICES PLAN (MSP) PRACTITIONER #:**       Permanent #

Temporary # – Expiry Date

Other – Explain

# **COLLEGE OF PHYSICIANS & SURGEONS OF BC LICENSE #:**

# Permanent #

Temporary – Expiry Date

Other – Explain

Are you a member in good standing? Yes  No

**CURRENT CANADIAN MEDICAL PROTECTION ASSOCIATION (OR ALTERNATE) #**

**DO YOU HAVE HOSPITAL PRIVILEGES?** Yes  No

If yes, list hospital(s) and associated Health Authority?

***REQUIRED ATTACHMENTS AND REFERENCE***

##### PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

Letter of reference identifying the need and willingness of your community to utilize your enhanced skills from the Chief of Staff or equivalent;

Professional reference letter

Personal reference letter as to your personal capabilities and qualities

Statement outlining your reasons for pursuing enhanced skills, including identification of specific community need

Current Curriculum Vitae

***SUBMIT YOUR APPLICATION BY EMAIL***

**Ensure all documentation is available prior to submitting your application. Please email your complete application – including all attachments – as one PDF document (with this application form at the front) to:**

|  |
| --- |
| **Dilraj Mahil, Project Coordinator**  **Family Practice Oncology Network**  **BC Cancer**  **600 W. 10th Ave.**  **Vancouver, BC V5Z 4E6**  [**dilraj.mahil@bccancer.bc.ca**](mailto:dilraj.mahil@bccancer.bc.ca) |

Kindly submit your application at your earliest convenience. We thank you for your interest and will advise you promptly as to your acceptance into the program.

***FUNDING SUPPORT***

**Only those intending to complete the full 8-week program are eligible.**

Applicants from [REAP eligible communities](http://www.health.gov.bc.ca/pcb/pdf/rsa_community.pdf) should complete a [REAP Application](http://www.rccbc.ca/reports/document/10/02/reap-application-form) and submit to [Hillary Kovac](mailto:reap@familymed.ubc.ca) at UBC’s Dept. of Family Medicine, T: 604 827 1504. F: 604 822 6950

Applicants from other BC communities should complete an [R3 Enhanced Skills Application](http://postgrad.familymed.ubc.ca/e3-enhanced-skills-programs/) and submit to [Ingrid Ahlsten](mailto:ingrid.ahlsten@familymed.ubc.ca) at UBC Faculty of Medicine’s Enhanced Skills Program, T: 604 822 0869, F: 604 822 6950

Participant can also apply for a scholarship from the [Canadian Association of General Practitioners in Oncology.](http://cagpo.ca/wp/)