

## CPO Education Program Application

## 4 Week Virtual Introductory Module Only:

***\*This form is for applicants who wish to attend only the 4 week Introductory Module of the GPO Education 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

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

***CAREER GOAL***

**POST GPO EDUCATION PROGRAM CAREER GOAL:**

**Palliative Care Physician  
 Other – please specify**

# ***CURRENT PRACTITIONER INFORMATION***

# **Name of your licensing body:**

# 

# **Are you a member in good standing?** Yes No

***REQUIRED ATTACHMENTS***

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

Letter of support from your program director or equivalent (as appropriate)

If you are not providing the above, please include a personal statement outlining your rationale for wanting to take the program

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.