

## 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 2025 Virtual Delivery: morning lectures only, February 3 – 14, and February 24 – March 7

[ ]  Fall 2025 Virtual Delivery: morning lectures only, September 8 – 19, and September 29 – October 10

**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:**

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| **Dilraj Mahil, Project Coordinator** **Family Practice Oncology Network****BC Cancer** **600 W. 10th Ave.****Vancouver, BC V5Z 4E6****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.