



HOW TO SUBMIT THIS APPLICATION
This completed form with any attachments must be submitted via the secure upload tool located at: www.gov.bc.ca/submit-rural-practice-programs

Table with 4 columns: OBSERVING PRACTITIONER NAME (LOCAL TRAINEE/VISITING MENTOR), TELEPHONE NUMBER, MSP PRACTITIONER #, PAYMENT #; ADDRESS, CITY, PROVINCE, POSTAL CODE; COMMUNITY, EMAIL ADDRESS; PROVIDER PHYSICIAN NAME (VISITING MENTOR/LOCAL TRAINEE), TELEPHONE NUMBER, MSP PRACTITIONER #

MAiDTTAP Mentorship Training Payment is paid to one eligible observing physician per session.

PLEASE INDICATE WHO WILL BE RECEIVING THE \$132.57 STIPEND:
[ ] the local physician who is observing an assessment.
[ ] the local physician who is observing a provision.
[ ] the visiting mentor, who has travelled to support the local physician.
The local physician is eligible for up to two supported provisions.

Session Date

Empty box for Session Date

FOR MSP USE ONLY
ADJ. CODE | \$
ADJ. CODE | \$
INITIATED BY
DATE

Return Claim forms online: www.gov.bc.ca/submit-rural-practice-programs