



HOW TO SUBMIT THIS APPLICATION

This completed form with any attachments must be submitted via the secure upload tool located at: https://www.health.gov.bc.ca/exforms/rural/submit.html or by Fax: 250 952-3486

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 table with rows: ADJ. CODE | \$, ADJ. CODE | \$, INITIATED BY, DATE

Return Claim forms online: https://www.health.gov.bc.ca/exforms/rural/submit.html or by Fax: 250 952-3486

Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP) Phone: 250 952-2754 or 888-952-2754