



HOW TO SUBMIT THIS REQUEST
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

Form with sections: LOCAL RSA PHYSICIAN COMMUNITY, VISITING MENTOR COMMUNITY, Information for Funding (attach additional information as necessary), and contact information fields.

Table with 2 columns: Total Approved Travel Expenses, Total Approved Travel Time. Header: For Ministry Use Only