C:\Users\Shirley.Tam\Pictures\Logo2.gifUBC Family Practice Residency Program

**Request for Close Proximity Site for Rural Rotation**

This form must be submitted before January 3, 2018

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| --- | --- |
| Resident Name: |  |
| Training Site: |  |

Residents who need to do their Rural rotation in a close proximity site must complete this form outlining the reason for their special request. This request must be approved by the Site Director. The Program Office will review the request to determine eligibility. Final decision will depend on the availability of spots in the community.

**Rationale for Requesting a Close Proximity Site:**

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| Community Requested: |  |

(Enter multiple communities if applicable)

**Time Preferred:** (Select from blocks 1-2, 3-4, 5-6, 7-8, 9-10, 11-12)

|  |  |  |
| --- | --- | --- |
| First Choice: | Block |  |
| Second Choice: | Block |  |
| Third Choice: | Block |  |

**Site Director Approval:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature Date

**Comments:**

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