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

**Request for Enhanced Rural Training**

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

This form must be completed by residents who are interested in having Enhanced Rural training above and beyond the mandatory 2 blocks (minimum 4 blocks).

Deadline to submit form: Nov 10, 2017

**Rationale/Objectives for Enhanced Rural rotation:**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**Length of time requested: \_\_\_\_\_\_** (extra) blocks

**Preferences in Location and Time:**

NB: This is just for information gathering. Once you are approved, you will be notified by email to submit your application on line.

**Site Director Approval:**

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

Signature Date

**Comments:**

|  |
| --- |
|  |