

BCCFP REQUEST FOR SUPPORT

Submitted By:

BCCFP Membership ID:

Email:

Phone Number:

Type of Request (choose one or more as appropriate)

Endorsement

Program Delivery

eNews Inclusion

Website Posting

Committee Representation

Other

Which of BCCFP's strategic priorities does this address?

The BCCFP is an effective advocate for health care based on the Patient's Medical Home

Members have access to evidence-informed continuing education to support evolving practice needs

BCCFP is the professional home of family physicians

List all partners / sponsors / funders (e.g. GPSC, government agencies, pharma, etc...)

Describe how the project will benefit the family physicians and population of BC (impact on primary care delivery)

What is the timeline for implementation?

Describe how you will evaluate the impact of the program and if there are any associated quality improvement activities included

Additional information (please include the Committee Terms of Reference if seeking committee representation)

Return completed form to office@bccfp.bc.ca or via fax 604-736-4675