

Salutation Dr. Other _____

Surname _____

Given Names _____

AMA Number _____

Are you a:**Resident****Practicing Physician****Current Address****Permanent Address** same as current address

Street _____

Street _____

City/ Town _____

City/ Town _____

Province _____

Province _____

Postal Code _____

Postal Code _____

Home Phone No. _____

Home Phone No. _____

Other Phone No. _____

Other Phone No. _____

Email address _____

Email address _____

Please describe your leadership goals in relation to the LEADS course (how do you think LEADS training will support you in achieving your leadership goals?)**How could LEADS training further develop your leadership potential?****Please provide a statement of your financial needs and a budget explaining how the bursary funds will be spent.**

In the space provided, please provide any additional information you think the Selection Committee should have in assessing your application for this bursary.

Declaration:

This information is collected under the Freedom of Information and Protection or Privacy Act and Federal Taxation Act. It is required to determine your eligibility for awards. If you have any questions about the collection or use of this information, please contact Lisa Dayanandan, Primary Care Alliance Administrator, at the address below.

Please note: The Selection Committee may request additional documentation on accessing your application for this bursary.

I declare that the information provided on this application is true and complete to the best of my knowledge. I also agree that if awarded a bursary, my name may be published in AMA/Primary Care publications as part of the publicity of this bursary program.

Declaration of Applicant:

I have read the instructions and hereby submit my application for the PCA Leadership Bursary

Please contact Lisa Dayanandan with any questions about the application.

Contact Information:

PCA Leadership Bursary
Alberta Medical Association
12230 – 106 Ave NW
Edmonton, AB T5N 3Z1
Email: primarycarealliance@albertadoctors.org
Phone: 780.733.3641
Fax: 780.482.5445

**PLEASE SEND YOUR COMPLETED APPLICATION FORM TO: primarycarealliance@albertadoctors.org
BY AUGUST 30, 2016**

Signature

Date