



Rural Education & Advanced Learning (REAL) Program Letter of Recommendation

Dear Healthcare Professional,

You are being asked to provide this Letter of Recommendation for an applicant as part of the REAL Program eligibility criteria. Please complete and sign the following form. If you have any questions or concerns, please contact REAL@rhpap.ca

TO: RhPAP Health Professions Team

FROM: Name of Professional Reference: _____

Designation/Title: _____

Organization/Business Name: _____ Community: _____

Email: _____ Phone: _____

Re: Letter of Recommendation for (applicant name): _____

Requested Course/Training/Education: _____

Offered by Institution/Organization: _____

REAL Program funding is offered to eligible health professionals to support professional development and skills enrichment training that will help them better meet the health needs of their rural communities.

Please tick the boxes if you agree with the following:

This applicant is currently practicing, and has been practicing within our rural community for more than 6 months

I recognize the potential benefit of this course/training/education

I believe the proposed course/training/education will benefit the applicant and the rural community in which they practice

Any additional reflections that we should consider in the evaluation of this application?

By signing this form, you agree to have the above personal information collected by RhPAP. This information may be used in the future to contact you to verify the application, or to provide feedback for the REAL Program. If you have any questions or concerns, please contact REAL@rhpap.ca

Signature

Date