



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

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: REAL Team

FROM: Professional Reference: _____

Designation/Title: _____

Organization: _____ **Community:** _____

Email: _____ **Phone:** _____

Re: REAL Application of _____

Requested Education: _____

Offered by: _____

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

Please select the boxes below to confirm the following criteria:

This applicant is currently practising and has been practising within our rural community for more than six months.

I recognize the potential benefit of this education for this community.

I believe that this education will benefit the applicant and the rural community in which they practise.

Any additional reflections that RHPAP 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 application information or to solicit feedback on the REAL Program. If you have any questions or concerns, please contact REAL@rhpap.ca

Signature

Date