



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

Dear Health 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](mailto: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 meet the health needs of their rural communities.

Please check the appropriate boxes to indicate how you know the applicant.

This applicant is currently practicing in the community in which they are applying for the course/training/education.

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 information provided. If you have any questions or concerns, please contact [REAL@rhpap.ca](mailto:REAL@rhpap.ca)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date