

## APPENDIX 1: Template Letter to the Residency Funding Advisory Committee



University  
of Manitoba

Date

Chair of the Residency Funding Advisory Committee

Shared Health

1502 – 155 Carlton Street

Winnipeg, Manitoba, R3C 3H8

Dear Chair of WRHA Residency Funding Advisory Committee:

Re: Request for Reimbursement: Mandatory (name of Residency Program) Rotation – Receiving University

The University of Manitoba offers a (*length of residency*) Royal College of Physicians of Canada –accredited (*name of Residency Program*) under the Department of (*Department Name*). One of the mandatory training components is (*description of required training*) which currently cannot be offered to our residents in Manitoba. Our residents must have exposure to, and develop technical and intellectual competencies in this area in order to complete their Royal College exams and enable them have the full range of expertise upon completion of training.

To meet this requirement, the University of Manitoba and the (*Receiving University, Name of Residency Program*) have negotiated a formal inter-university agreement to provide a (*length of time of exposure*) in (*location of receiving rotation*). This experience will be an (*length in weeks*) rotation in the PGY (*year of the Program*).

## Example of Budget Expenses Associated With Inter-University Mandatory Rotation



**University  
of Manitoba**

### NAME OF RESIDENCY PROGRAM – CALCULATION OF ROTATION ALLOWANCE

Number of Residents in the Program:

Mandatory Rotation:

Receiving University:

Duration of the Rotation:

EDUCATION & TRAINING ALLOWANCE BEING REQUESTED		
Monthly Allowance (all inclusive- Monthly & Moving Costs)	\$	
<b>Total (no. of Months) Allowance Per Resident</b>		\$
<b>BREAKDOWN OF EXPENSES</b>		
<b>MOVING COSTS</b>		
Educational Licensure – College of Physicians & Surgeons of Receiving University	\$	
Damage Deposit (Cash Advance)	\$	
Travel (airfare equivalent) – 2 return trips*	\$	
Travel-related accommodations (1 night x 2 return trips)	\$	
Travel-related Meals	\$	
<b>Total Moving Costs</b>		\$
<b>MONTHLY EXPENSES</b>		
Accommodations	\$	
Monthly parking (if not included under rental agreement)	\$	
Transportation stipend (e.g. rental, gas or bus pass)	\$	
Cellular service (for paging and long distance)	\$	
<b>Total Monthly Expenses</b>	\$	
<b>Total Expenses for (no. of Months)</b>		\$
<b>TOTAL COSTS FOR X No. of Months / RESIDENT</b>		
<b>Total Monthly Expenses for (no. of Months)</b>		\$
<b>Plus Moving Costs</b>		\$
<b>Less damage deposit return</b>		\$ < >
<b>Total For (no. of Months) Allowance Per Resident</b>		\$
<b>TOTAL FUNDS REQUESTED FOR ALL RESIDENTS IN PROGRAM</b>		\$
<b>Notes:</b>		
* Includes a mid-rotation travel back home meeting with PD and for family reasons for rotations four months or greater		
**Monthly parking estimated based on Winnipeg rates		
<b>RESIDENCY PROGRAM DIRECTOR SIGNATURE</b>	<b>DATE</b>	