

UB Royal College of Physicians Educator Program Application

DEPARTMENT TUITION AGREEMENT

I agree the Department of _____ will cover the cost of tuition for phase one of this program in the amount of \$1,000.00.

Name of Applicant (Please Print)

Signature of Applicant

_____ Date: _____

Signature of Department Chairperson:

_____ Date: _____

Send this completed form to:

Pat McMillon
Office of Continuing Medical Education
111 Cary Hall
Buffalo, NY 14214