

Sauder School of Business

Physician Leadership Program

VCH Physician Expression of Interest Form



Please complete the following information to help us identify your current leadership experiences and capabilities. Your enrollment form will be reviewed by relevant Medical Leaders to obtain agreement on your participation.

Applicant Information

Physician Name
Title
Primary VCH Site
Department
Division

Medical Leader Sponsor for PLP

List of Leadership Courses

Leadership Experience

Please forward completed form to:

Wendy Lo

Regional Leader

Physician Relations & Compensation

Email: Wendy.Lo@vch.ca

Phone: 604-875-4864