



**BC Centre for Disease Control**  
An agency of the Provincial Health Services Authority

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## **Reproductive Health Sexually Transmitted Infection (STI) Certified Practice Online Course for Registered Nurses**

### **The Program**

The STI Certified Practice Education Program for Registered Nurses:

- has been approved by the College of Registered Nurses of British Columbia (CRNBC) as a Reproductive Health STI Certified Practice education program
- is comprised of a five modules online course and a 3 day clinical practice experience
- takes approximately 4-6 hours per week to complete

### **Prerequisites**

The following are pre-requisites for applying to the course:

- Registered Nurse in British Columbia
- Approval from employer, i.e. Program Manager or Nursing Supervisor with a health authority or affiliate to complete the course
- Upon completion of the course, the RN will be independently performing STI assessment, diagnosis, treatment, and follow-up as part of his or her ongoing work

### **Recommended Prerequisite** (not required)

- Pelvic Exam Course offered through the British Columbia Institute of Technology (BCIT)

### **Cost**

- There is no tuition cost for taking the STI Certified Practice Online Course. Participants are responsible for all expenses related to travel and accommodation when attending the clinical practice experience at BCCDC

### **Course Application**

- Complete and return application to Clinical Prevention Services, BCCDC
- Priority is given to Provincial Public Health Nurses requiring STI certified practice

### **CRNBC Reproductive Health STI Certified Practice Registration**

- Learners who successfully complete the STI Certified Practice Education Program (theory & clinical practice experience) apply to CRNBC for Reproductive Health / STI Certified Practice certification

## STI Certified Practice Online Course Application

Please fully complete the application form. **Successful applicants will be contacted approximately 6 weeks prior to course start date**

<b>NAME AND ADDRESS OF APPLICANT</b> (to be completed in full by applicant)				
LAST		FIRST		MIDDLE INITIAL
NAME OF EMPLOYER		NAME OF FACILITY		
STREET ADDRESS		CITY	PROV.	POSTAL CODE
E-MAIL ADDRESS		PHONE NUMBER	CRNBC REGISTRATION NUMBER	
Is Reproductive Health / STI certification required for current OR intended duties? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you currently hold CRNBC certified practice certification? (please check any of the following)				
Reproductive Health / STI <input type="checkbox"/>		Reproductive Health / Contraceptive Management <input type="checkbox"/>		Remote Nursing <input type="checkbox"/>
<b>EMPLOYER</b> (to be completed in full by employer/supervisor)				
NAME OF EMPLOYER		NAME OF FACILITY		
STREET ADDRESS		CITY	PROV.	POSTAL CODE
<b>By signing below, I am confirming that the RN applying for the STI Online Certified Practice Course is required to have Reproductive Health STI Certified Practice for their current role. If the applicant is applying for professional development purposes only and STI certified practice is not a requirement, please note this in the comment box below.</b>				
SUPERVISOR'S NAME (PLEASE PRINT)		SUPERVISOR'S SIGNATURE		
SUPERVISOR'S TITLE		SUPERVISOR'S E-MAIL		
SUPERVISOR'S PHONE NUMBER				
DIRECT SUPERVISOR'S NAME (IF DIFFERENT FROM ABOVE)		DIRECT SUPERVISOR'S E-MAIL (IF DIFFERENT FROM ABOVE)		
SUPERVISOR'S COMMENTS:				

**STI Certified Practice Online Course Application continued**

(to be completed in full by applicant)

<b>WILL YOUR DUTIES INCLUDE THE FOLLOWING:</b> (PLEASE CHECK YES OR NO)	<b>YES</b>	<b>NO</b>
Independently providing STI care including assessing, testing, diagnosing, and treating clients and contacts		
Examining female clients for STI (speculum exam)?		
Examining male clients for STI (full physical exam)?		
Supervising clinic employees who are providing STI certified practice?		

Provide a brief description of your present (or intended) position.

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Will you be doing STI clinical testing and screening upon completion of this course?

Yes. If yes, when do you expect to start?

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No. If no, what is your reason for taking this course?

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**Consent and Release** (to be signed by applicant)

By signing below, I consent that the BC Centre for Disease Control may release information and my results to my Employer and to the College of Registered Nurses of British Columbia concerning the STI Certified Practice Education Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_