Reproductive Health Sexually Transmitted Infection (STI) Certified Practice Education Program for Registered Nurses

The Program
The STI Certified Practice Education Program for Registered Nurses:
- has been approved by the British Columbia College of Nurses and Midwives (BCCNM) 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 performing STI assessment, diagnosis, treatment, and follow-up as part of their 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.

Course Application
- Complete and return application to the Education Program Coordinator, Clinical Prevention Services, BCCDC

BCCNM Reproductive Health STI Certified Practice Registration
- Learners who successfully complete the STI Certified Practice Education Program (theory & clinical practice experience) apply to BCCNM for STI Certified Practice certification
STI Certified Practice Online Course Application

Please fully complete the application form and submit to ellen.fraser@bccdc.ca. Successful applicants will be contacted approximately 6 weeks prior to course start date.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF APPLICANT</th>
<th>(to be completed in full by applicant)</th>
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<tbody>
<tr>
<td>LAST</td>
<td>FIRST</td>
</tr>
<tr>
<td>NAME OF EMPLOYER</td>
<td>NAME OF FACILITY</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>E-MAIL ADDRESS</td>
<td>PHONE NUMBER</td>
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Is STI certification required for current OR intended duties? [ ] YES [ ] NO

Do you currently hold BCCNM certified practice certification? (please check any of the following)

- Contraceptive Management [ ]
- Remote Nursing [ ]
- RN First Call [ ]

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<tr>
<th>EMPLOYER</th>
<th>(to be completed in full by employer/supervisor)</th>
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<tbody>
<tr>
<td>NAME OF EMPLOYER</td>
<td>NAME OF FACILITY</td>
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By signing below, I acknowledge that the RN applying for the STI Online Certified Practice Education Program is required to have 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.

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)

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<tr>
<th>WILL YOUR DUTIES INCLUDE THE FOLLOWING: (PLEASE CHECK YES OR NO)</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Independently providing STI care including assessing, testing, diagnosing and treating individuals and their contacts (where applicable).</td>
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<td>Offering physical assessments (where applicable) to individuals with vulvar/vaginal anatomy; including pelvic examination as needed.</td>
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</tr>
<tr>
<td>Offering physical assessments (where applicable) to individuals with penile/scrotal anatomy.</td>
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<tr>
<td>Supervising clinic employees who are providing STI certified practice care?</td>
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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?

☐ 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 British Columbia College of Nurses and Midwives concerning the STI Certified Practice Education Program.

Signature ___________________________ Date ___________________________