

Tel 604.707.2400 Fax 604.707.2401 www.bccdc.ca

Reproductive Health - Sexually Transmitted Infections (STI) Certified Practice Education Program for Registered Nurses (RNs)

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/18-hour clinical practice experience
- takes approximately 4-6 hours per week to complete

Prerequisites

The Following are prerequisites for applying to the course:

- Registered Nurse (RN) in British Columbia
- Approval from your employer, i.e. Program Manager or Nursing Supervisor with a Provincial Health Authority
- Upon completion of the course, the RN will be utilizing the full scope of STI-certified practice; 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.

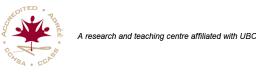
Course Application

- Complete this form in full and return all pages to sticourse@bccdc.ca
- Priority is given to Provincial Public Health Nurses requiring STI Certified Practice

BCCNM Reproductive Health STI Certified Practice Registration

 Learners who complete the STI Certified Practice Education Program (theory and clinical practice experience) are eligible to <u>apply to BCCNM</u> for Reproductive Health (STI) certification





STI Certified Practice Education Program Application (2023-2024)

Please **fully complete** the application form and **submit all pages** to <u>sticourse@bccdc.ca</u>. Successful applicants will be contacted approximately 6 weeks prior to the course start date.

Applicant Information (to be completed in full by applicant)								
Last	First			Middle Initial				
Name of employer		Name of Facility						
Name of employer		I Name of Facility						
Street Address		City		Postal code				
Email address		Phone number BCCNM Registration		stration Number				
Indicate which Regional Health Authority (RHA) supports your site:		Please indicate your employment status:						
□VCH □FH □VIHA □IH □NH □FNHA □Other		□Full Time □Part time □Casual						
Is STI Certification required for current <i>OR</i> intended duties?		Would you be willing to act as a future preceptor to other RN(C)s?						
□Yes □No		□Yes □No						
Do you currently hold BCCNM certified practice in other areas?								
□Reproductive Health (Contraceptive Management) □Remote Practice □RN First Call □Not applicable								
Please indicate which of the following populations you work with, if any:								
	nave been							
Métis) incarcer	Canada							
	□ People who use substances (PWUS)□ People who experience unstable□ Youth (under 25 years of age)housing			e unstable				
	☐ Transgender people ☐ Gay, bisexual and other men who			er men who have				
	sex with men (gbMSM)							
Other:								
What description(s) best fits your community and/or practice setting?								
□Urban □Rural □Remote □First Nations Community □Outreach □Other:								
Please indicate if you work with any of the following health care providers in your practice setting:								
□MDs and/or NPs (full time) □MDs and/or NPs (part time/locum) □RN(C)s □RNs □Other:								
Please describe the current barriers to accessing STBBI services in your community:								





BC Centre for Disease Control Provincial Health Services Authority

Applicant Information continued (to b	•		· •					
If accepted, please describe your plans to implement the full scope of STI-certified practice (assessment, testing, diagnosis and treatment)								
in your practice setting; including how STI certified practice will address barriers to STBBI services in your community:								
Seats in the BCCDC STI CP course are allocate	ed in nart has	sed on the	ahility of applicants to	arrange their precentorshir	within their RHA			
	•		•					
BCCDC CPE seats are extremely limited; therefore, applicants must provide rationale if a preceptorship in your RHA is not possible.								
☐I require a BCCDC placement (describe reaso	oning below):	□Pre-a	rranged in RHA (descri	be plans below):				
Employer (to be completed in full by employer	er/supervisor)							
Name of employer			Name of Facility					
Street address		City			Postal Code			
		J.,						
Rysigning below I am confirming that the PN	l applying for	the STI O	Inline Certified Practic	o Program is required to h	ave STL-Cortified			
By signing below, I am confirming that the RN applying for the STI Online Certified Practice Program is required to have STI-Certified								
Practice for their current role and will be utilizing the full scope of STI Certified Practice upon completion. If the applicant is applying for professional development purposes only and STI-Certified Practice is not a requirement, please indicate this below.								
			cice is not a requirem		Jeiow.			
Supervisor name	Supervisor ti	itle		Supervisor signature				
Supervisor email			Supervisor phone					
Supervisor comments:								
Consent and Release (to be signed by ap	ınlicant)							
To live it and it clouds (to be signed by ap	ριισατιτή							
By signing below, I consent that the BC Centre for Disease Control may release my information and my results to my employer and the British Columbia College of Nurses and Midwives concerning the STI Certified Practice Education Program.								
Applicant name and title:	Applicant Sign	nature:		Date (yyyy/mm/dd):				
Applicant name and title.	Applicant Oignature.		Date (yyyymmiydd).					



