



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

655 West 12th Avenue
Vancouver, BC V5Z 4R4
Email: STIcourse@bccdc.ca
www.bccdc.ca

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/18-hour 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 Provincial Health Authority
- 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 STIcourse@bccdc.ca
- Priority is given to Provincial Public Health Nurses requiring STI Certified Practice

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 Education Program Application

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

NAME AND ADDRESS OF APPLICANT (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	BCCNM REGISTRATION NUMBER	
Is STI certification required for current OR intended duties? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you currently hold BCCNM certified practice certification? (please check any of the following)				
Contraceptive Management <input type="checkbox"/>		Remote Nursing <input type="checkbox"/>		RN First Call <input type="checkbox"/>
EMPLOYER (to be completed in full by employer/supervisor)				
NAME OF EMPLOYER		NAME OF FACILITY		
STREET ADDRESS		CITY	PROV.	POSTAL CODE
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. 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)

WILL YOUR DUTIES INCLUDE THE FOLLOWING: (PLEASE CHECK YES OR NO)	YES	NO
Independently providing STI care including assessing, testing, diagnosing, and treating clients and contacts?		
Pelvic examinations for clients with vulvar/vaginal genital anatomy for STI (speculum exam)?		
Examining clients with penile/scrotal genital anatomy for STI (full physical exam)?		
Supervising clinic employees who are providing STI Certified Practice care?		

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

Will you be testing clients for STIs 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?

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 _____