



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

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## Human Immunodeficiency Virus (HIV) Online Testing Course Information and Application Form

### Course Outline

The HIV testing online course is designed to provide Registered Nurses with the necessary education to begin to provide HIV testing services in their communities. The course will be run over four weeks, and consists of five chapters that take approximately one hour each to complete.

<b>Week 1</b>	<b>Chapter 1: Introduction to HIV testing:</b> Introduces the course and the health care competencies utilized in HIV testing. <b>Chapter 2: The Virus:</b> Overviews HIV as a pathogen and disease.
<b>Week 2</b>	<b>Chapter 3: Engaging People in HIV testing:</b> Examines who is getting HIV in BC and how social, cultural and historical factors influence how a nurse approaches HIV testing in a person-centered manner.
<b>Week 3</b>	<b>Chapter 4: HIV tests:</b> Describes and compares the characteristics of HIV tests used in BC.
<b>Week 4</b>	<b>Chapter 5: HIV Testing and Prevention discussions:</b> Overviews the key elements of HIV testing discussions required to achieve informed consent.

Each chapter includes written content, video or interactive slides and a chance to test your knowledge through quizzes or forum discussions. At the end of the course, you will receive a certificate of completion.

### Course Goals

1. To prepare RNs to safely and competently provide HIV testing and prevention services in their communities.
2. To establish networks to support competence and build HIV testing and prevention services.

### Prerequisite Qualifications

- Course is limited to British Columbia residents
  - Supervisor contact information and signature of support/permission is preferred
  - Applications from persons who are supported by one of British Columbia's health authorities and will be using HIV testing skills upon immediate completion of the workshops will be given priority
- ❖ E-mail or Fax completed application form to the Education Program Coordinator, Clinical Prevention Services. (contact information on application form)
- ❖ **Successful applicants** will be contacted approximately three weeks prior to start date.

## HIV Online Course APPLICATION FORM

Fax to 604-707-5604 or email [ellen.fraser@bccdc.ca](mailto:ellen.fraser@bccdc.ca)

NAME AND ADDRESS OF APPLICANT (Please type or print legibly)		
LAST	FIRST	
ORGANIZATION	OFFICE ADDRESS (STREET NAME AND NUMBER)	
CITY	PROVINCE	POSTAL CODE
E-MAIL ADDRESS	PHONE NO.	
PROFESSIONAL STATUS		
OCCUPATION	TITLE	
CURRENT CRNBC CERTIFICATION <div style="text-align: center;">                     YES <input type="checkbox"/>      NO <input type="checkbox"/> </div>		
EMPLOYER		
ORGANIZATION		
STREET ADDRESS		CITY
PROVINCE	POSTAL CODE	SUPERVISOR NAME
SUPERVISOR- E-MAIL ADDRESS		SUPERVISOR - PHONE NO.
IS YOUR EMPLOYER REQUESTING THAT YOU TAKE THIS COURSE AS PART OF YOUR WORK RESPONSIBILITIES? <div style="text-align: center;">                     YES <input type="checkbox"/>      NO <input type="checkbox"/> </div>		SUPERVISOR'S SIGNATURE
		DATE

TYPE OF EMPLOYER	
<input type="checkbox"/> Health Canada	<input type="checkbox"/> Student Health
<input type="checkbox"/> First Nations Health Authority	<input type="checkbox"/> Options for Sexual Health
<input type="checkbox"/> First Nations Health Centre	<input type="checkbox"/> Corrections Services - Provincial
<input type="checkbox"/> Health Authority	<input type="checkbox"/> Corrections Services - Federal
<input type="checkbox"/> University (Research)	<input type="checkbox"/> Ministry of Health
<input type="checkbox"/> Community Based Organization	<input type="checkbox"/> Other _____

1. Provide a brief description of your current position relative to HIV services and the clients you work with:

2. Will you be performing HIV testing at the completion of the workshop?

Yes  No

3. My knowledge of HIV is: (please check one only)

NOVICE EXPERT  
1.  2.  3.  4.  5.

4. My experience with HIV and HIV testing is: (please check one only)

NOVICE EXPERT  
1.  2.  3.  4.  5.

5. My position requires my knowledge of HIV and HIV testing to be: (please check one only)

NOVICE EXPERT  
1.  2.  3.  4.  5.

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