BC Centre for Disease Control
Provincial Health Services Authority

655 West 12th Avenue
Vancouver, BC V5Z 4R4

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www.bccdc.ca

STI Certified Practice Preceptor Application

Please **fully complete** the preceptor application form and **submit all pages** to sticourse@bccdc.ca.

Preceptor Requirements
• Current practice registration as a STI certified Registered Nurse (RN(C)), Nurse Practitioner (NP), or Physician (MD)
• Expertly, ethically, and safely demonstrates the Reproductive Health STI Core Competencies
• Currently practices full scope of STI clinical services including assessment, testing, diagnosis and treatment
• Provides final assessment of Learner as per the *BCCDC Clinical Practice Experience – Learner Manual*
Upon approval, the Preceptor will be registered into the PHSA LearningHub Preceptor Resource Centre

Preceptor Applicant Information (to be completed in full by preceptor applicant)

Last	First	Middle Initial

Indicate which Regional Health Authority (RHA) supports your site: ☐VCH ☐FH ☐VIHA ☐IH ☐NH ☐FNHA ☐Other: _____	Name of Facility

Street Address	City	Postal code

Email address	Phone number	BCCNM Registration Number

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: _____

Employer (to be completed in full by employer/supervisor of preceptor)

Supervisor name	Supervisor title	Supervisor signature

Supervisor email	Supervisor phone

Supervisor comments: