



BC Centre for Disease Control
Provincial Health Services Authority

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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 [apply to BCCNM](#) for Reproductive Health (STI) certification

STI Certified Practice Education Program Application (2023-2024)

Please **fully complete** the application form and **submit all pages** to sticourse@bccdc.ca.
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
Street Address		City
		Postal code
Email address		Phone number
		BCCNM Registration Number
Indicate which Regional Health Authority (RHA) supports your site: <input type="checkbox"/> VCH <input type="checkbox"/> FH <input type="checkbox"/> VIHA <input type="checkbox"/> IH <input type="checkbox"/> NH <input type="checkbox"/> FNHA <input type="checkbox"/> Other		Please indicate your employment status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
Is STI Certification required for current <i>OR</i> intended duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you be willing to act as a future preceptor to other RN(C)s? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold BCCNM certified practice in other areas? <input type="checkbox"/> Reproductive Health (Contraceptive Management) <input type="checkbox"/> Remote Practice <input type="checkbox"/> RN First Call <input type="checkbox"/> Not applicable		
Please indicate which of the following populations you work with, if any:		
<input type="checkbox"/> Indigenous peoples (First Nations, Inuit and Métis)	<input type="checkbox"/> People who are or have been incarcerated (PWA)	<input type="checkbox"/> Immigrants, refugees and newcomers to Canada
<input type="checkbox"/> Racialized groups	<input type="checkbox"/> People who use substances (PWUS)	<input type="checkbox"/> People who experience unstable housing
<input type="checkbox"/> Pregnant people	<input type="checkbox"/> Youth (under 25 years of age)	<input type="checkbox"/> Gay, bisexual and other men who have sex with men (gbMSM)
<input type="checkbox"/> Sex workers	<input type="checkbox"/> Transgender people	
<input type="checkbox"/> Other: _____		
What description(s) best fits your community and/or practice setting? <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Remote <input type="checkbox"/> First Nations Community <input type="checkbox"/> Outreach <input type="checkbox"/> Other: _____		
Please indicate if you work with any of the following health care providers in your practice setting: <input type="checkbox"/> MDs and/or NPs (full time) <input type="checkbox"/> MDs and/or NPs (part time/locum) <input type="checkbox"/> RN(C)s <input type="checkbox"/> RNs <input type="checkbox"/> Other: _____		
Please describe the current barriers to accessing STBBI services in your community:		

Applicant Information continued (to be completed in full by applicant)

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 allocated, in part, based on the ability of applicants to arrange their preceptorship 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 reasoning below): Pre-arranged in RHA (describe plans below):

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

Name of employer		Name of Facility	
Street address	City	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 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.

Supervisor name	Supervisor title	Supervisor signature
Supervisor email		Supervisor phone

Supervisor comments:

Consent and Release (to be signed by applicant)

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 Signature:

Date (yyyy/mm/dd):
