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www.bccdc.ca

Reproductive Health Sexually Transmitted Infection (STI) Certified Practice Online Course for Registered Nurses

The Program

The STI Certified Practice Education Program (Online Course) for Registered Nurses:

- has been approved by the College of Registered Nurses of British Columbia (CRNBC) and qualifies as a Reproductive Health STI Certified Practice education program
- is comprised of a five module online course and a 3 day 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 health authority or affiliate to complete the course
- Upon completion of the course, the RN will be independently performing STI
 assessment, diagnosis, treatment, and follow-up as part of his or her ongoing work

Recommended Prerequisite (but not required)

 Women's Reproductive Health course offered through PHSA - BC Women's Hospital & Health Centre

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 at BCCDC

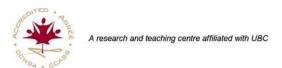
Course Registration

- Complete and return application to STI/HIV Prevention and Control
- Priority is given to Provincial Public Health Nurses requiring STI certified practice

CRNBC Reproductive Health STI Certified Practice Registration

 Learners who successfully complete the online course and practice experience apply to CRNBC for Reproductive Health / STI Certified Practice certification.





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STI Certified Practice Online Course Application

Please fully complete the application form. Successful applicants will be contacted approximately 6 weeks prior to course start date

NAME AND ADDRESS OF APPLICANT (to be completed in full by	y applica	nt)			
LAST	FIR	ST			MIDDLE INITIAL
NAME OF EMPLOYER	NAME OF FACILITY				
STREET ADDRESS		CITY		PROV.	POSTAL CODE
E-MAIL ADDRESS	PHONE NUMBER		CRNBC REGISTRATION NUMBER		
Is Reproductive Health / STI certification required for current du	ıties?	☐ YES ☐ NO	•		
CRNBC CERTIFIED PRACTICE CERTIFICATION (PLEASE CHECK ONLY IF YOU			-		
REPRODUCTIVE HEALTH / STI REPRODUCTIVE HEALTH / CONT	RACEPTIVE	E MANAGEMENT	RE	MOTE NURSI	NG U
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 to have Reproductive Health STI Certified Practice for hiprofessional development purposes only and STI certificomments box below.	is or he	r current role. If the a	appl	icant is a	pplying for
SUPERVISOR'S NAME (PLEASE PRINT)	SUPERVISOR'S SIGNATURE				
SUPERVISOR'S TITLE	SUPERVISOR'S E-MAIL ADDRESS				
SUPERVISOR'S PHONE NUMBER					
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 contacts	, and treating clients	
Examining female clients for STI (speculum exam)?		
Examining male patients for STI (full physical exam)?		
Supervising clinic employees who are providing STI certified practice?		
Provide a brief description of your present (or expected) position.		
Will you be doing STI clinical testing and screening 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 Consents to my Employer and to the College of Registered Nurs STI Certified Practice Online Course.	,	,
Signature Date		