

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* is recognized and approved by the British Columbia College for Nurses and Midwives (BCCNM) as a certifying education program for registered nurses practicing STI care. The program includes:

- An online theory course component
 - 5 modules plus assessment pieces
 - It is expected that learners dedicate a time commitment of 4-6 hours each week to complete the required theory and assessment pieces.
- An 18-hour clinical practice experience

Prerequisites

- Currently practising as a RN in British Columbia
- Employer approval and support (i.e., Program Manager or Nursing Supervisor)
- Practicum sites for the clinical practice experience must be done in a health authority sponsored or health authority-affiliated site (placements cannot be done in private clinics).

Supplemental Education (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. BCCDC does not cover the cost of 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 will be given to Provincial Public Health Nurses requiring STI Certified Practice as part of their role. Nurses will be expected to be able to utilize their certified practice designation to full scope performing STI assessment, diagnosis, treatment and follow up on a regular and ongoing basis in order to maintain competency.

- Learners who complete the STI Certified Practice Education Program (theory and clinical practice experience) are eligible to [apply for BCCNM](#) for Reproductive Health (STI) certification.

STI Certified Practice Education Program Application (2024-2025)

Please complete in full 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:		

Applicant information (to be completed in full by applicant)

Please describe the current barriers to accessing STBBI services in your community:

If accepted, please describe your plans to utilize 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. The CPE should be completed within 90 days of the theory course completion. **Successfully completing a pelvic exam is a requirement for completing the CPE. Please consider this when identifying a practicum location.**

I require a BCCDC placement (describe reasoning below):

Pre-arranged in RHA (describe plans below, including the location you expect to complete your CPE):

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.

Supervisor name

Supervisor title

Supervisor signature

Applicant information (to be completed in full by applicant)	
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):
