

Information for Applicant

The Vancouver Coastal Health Regional Addiction Program (VCH RAP), Toxic Drug Response Team (TDR) and BC Centre on Substance Use (BCCSU) are committed to building capacity amongst care providers to support patients who use substances.

VCH RAP is currently funding nurses and allied health for their time in completing the Addiction Care and Treatment Online Certificate (ACTOC). ACTOC is a free online MOC Section 3 and MainPro+ accredited course developed by the BCCSU targeted at health care providers interested in learning more about substance use and caring for people experience substance use disorders including alcohol, tobacco, stimulants, cannabis, and opioid use disorder. There are modules targeted specifically for nurses designed in partnership with the UBC School of Nursing.

- Who?** ACTOC training funding through VCH is intended for RNs, LPNs, RPNs, social workers, counsellors, pharmacists, outreach workers or equivalent practicing in the VCH region.
- What?** The ACTOC training takes 16 hours to complete. Funding opportunities are limited but applicants selected will receive funding to compensate them for their time.
- How?** Complete this application and submit to eatnetwork@vch.ca for review.
- When?** There is no deadline to apply. Applications are accepted and reviewed on a rolling basis.
- Important:** Physicians, Medical Residents and Nurse Practitioners are not eligible for ACTOC funding. Funding will not be offered retroactively – you must receive an email approving your funding prior to starting. Once you are accepted for funding you should complete training within 6 months to receive funding.

Application Form

☐ Please check box to confirm you have NOT yet completed ACTOC

☐ Please check box to confirm you work in the VCH region

Please check box to indicate your designation:

- ☐ RN
 ☐ LPN
 ☐ RPN
 ☐ Social Worker
 ☐ Counsellor
☐ Pharmacist
 ☐ Outreach worker
 ☐ Other: _____

First name: _____ Last name: _____

Preferred name: _____

Pronouns used: _____

Email address: _____

Please indicate which setting you work in primarily:

- ☐ Family practice ☐ Primary care clinic ☐ Emergency department ☐ Speciality clinic
☐ Substance use treatment centre ☐ Other _____

Please name the city/cities where you practice: _____

If you are a VCH employee, please detail where and in what capacity or indicate N/A:

Please check the box that applies:

- ☐ I work as an independent practitioner and am not able to complete this training during my work time.
- ☐ I have spoken with my Leadership – Manager/Med Director/Supervisor – and while they believe this is valuable education for me they are not able to support me to take this training during my work time.

Note: Our applicant review process may involve connecting with your Leadership. Please provide:

Name of your Leadership: _____

Title of your Leadership: _____

Email address of your Leadership: _____

Please briefly provide some brief detail on how taking this training support you to take on OAT clients. You can detail where you practice and whether you will have patients to support and prescribe OAT to upon completion of this training. If applicable, please specify if you will be providing shared care or locuming for OAT providers.

Please briefly detail why you are interested in this particular training at this time? (i.e. How will taking this training support you to better serve and support people who use substances? What are you hoping to learn by completing this course?) **Please email completed application form to eatnetwork@vch.ca**

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