

Information for Applicant

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

VCH RAP currently has limited funding to support physicians and nurse practitioners in completing the Provincial Opioid Addiction Treatment Support Program (POATSP). POATSP is a comprehensive training program geared towards prescribers of OAT- opioid agonist treatment. Completing this course is the first step in the authorization process for prescribers who want to prescribe OAT for the treatment of opioid use disorder.

- Who?** POATSP training is intended for physicians and nurse practitioners who will be prescribing OAT upon completion. Applicants must be practicing/working within the VCH region and those practicing/working in a capacity that supports people who use substances will be prioritized for funding.
- What?** The POATSP training for prescribers requires completion of 10-14 hours of online module work, a workbook and followed by completion of 8 hours of preceptorship time. Funding offered is intended to provide some compensation toward applicant's time to complete the course.
- 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:** *Funding will not be offered retroactively – you must receive an email approving your funding prior to starting POATSP training. Once you are accepted for funding you should complete training within 6 months to receive funding. Once you complete POATSP and would like to learn more about tailored, intensive upskilling opportunities for prescribers please be in touch.*

Application Form

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

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

Your designation: Physician ☐ or Nurse Practitioner ☐

First name: _____ Last name: _____

Preferred name: _____

Pronouns used: _____

Email address: _____

5 digit MSP number: _____

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 email completed application form to eatnetwork@vch.ca**



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