Expression of Interest Application Form for Substance Use Funded Education: Addiction Care Treatment Online Certificate (ACTOC)





The Vancouver Coastal Health (VCH) Regional Addiction Program (RAP), Overdose Emergency Response (OER) team and BC Centre on Substance Use (BCCSU) are committed to building capacity amongst care providers to support patients who use substances. VCH funding is currently available to access Addiction Care and Treatment Online Certificate (ACTOC). If you are a MD, NP, Resident, Psychiatrist, RN, LPN, RPN, allied health, or Pharmacist interested in expanding your substance use knowledge please complete and email this completed form to oatnetwork@vch.ca

<u>The Program:</u> ACTOC is a free online certificate course targeted at health care professionals interested in learning more about providing care to patients with various substance use disorders, including alcohol, tobacco, stimulants, cannabis, and opioids.

Funding for this opportunity is limited. Selected applicants will be financially compensated for their time. Applications are accepted and reviewed on a rolling basis but will be considered first come, first serve. Processing time can take approximately a month.

<u>Training</u>: 16 - 20 hours of online self-paced learning. Training is expected to be completed within 3 months following invite offer. Extensions can be requested and processed on a case by case basis.

Priority will be given to applicants who interact with clients/patients who use substances, including:

- Physicians a å åAr 1 AÚ a a a faith a Aúr a hair a facility medicine, emergency medicine or in a treatment facility
- RNs, RPNs, and LPNs working in MHSU, Primary Care or Emergency Department settings

Please fill out the following information on page 1 and 2 of this form as clear as you can:

Other (Please Specify)

- Psychiatrists
- Pharmacists
- Family Practice and Emergency department Residents, in the senior years of residency and who will reside and work in the VCH/Region upon completion of residency
- The above who are located in under-serviced areas of the VCH Region e.g. Sunshine Coast, Sea to Sky, Bella Bella and Bella Coola. If your Health Authority is not within the VCH Region, you will not be eligible for funding from this program. Please consider contacting your HA directly about training available or we can try to connect you with the appropriate person if you email oatnetwork@vch.ca.

First name: Surname: Preferred name: Email: Phone: (Only if applicable) Referred by: Type of practice: (E.g. family practice, addictions clinic, primary care clinic, hospital, treatment centre etc.) Clinical designation: NP MD RN Resident LPN **RPN** Social Worker Counsellor Pharmacist

Location(s)/City where you practice:

Expression of Interest Application Form for Substance Use Funded Education:





Addiction Care Treatment Online Certificate (ACTOC)

Other (Please specify)

Please fill out the following information below as clear as you can:

What are you inte How will training e If you are an emp	ryou are interested in this rested in learning? mable you to better support loyee of VCH, please detail be providing shared care or	or take on more clients? where and in what capacit	ty.		
Please confirm if	you have previously comp	oleted Addiction Care and	d Treatment Online Certific	ate (ACTOC) certificate?	
funding will	completed ACTOC before only be provided to people ly completed ACTOC.	who have No	l haven't and would like to ap	oply for ACTOC.	
If you are a physi	cian or NP, are you intereste	ed in becoming an Opioid A	Agonist Treatment (OAT) pre	scriber:	
Yes	I already Prescribe	No)		
If yes, we can dis	cuss an additional funded tr	aining for you to become a	prescriber, if you are interes	ted.	
(POATSP), (10-1	2 hours of online modules	and 8 hours preceptorship	ovincial Opioid Addiction Tre o training); (preceptorship o a and asking for an application	nly eligible for MD, NP,	
A Clinical Nurse I us know if you are	Educator may also wish to ce interested in being potential	ontact you in regards to the ally contacted.	e above opportunity or in rela	tion to ACTOC; please let	
Yes Please contact me			No, I would rather not be contacted.		
Please indicate he	ow you heard about this o	pportunity:			
Division of Practice	BCCSU	VCH Network	Dine and Learn	Colleague	

Please email completed form to: oatnetwork@vch.ca