

**Expression of Interest Application Form
Custom Rotation - Funded Clinician Education & Capacity
Building Opportunities**



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 who support people who use substances with the services and care they require; including options such as prescribing Opioid Agonist Treatments (OAT).

If you are a MD or NP, who has completed POATSP and is interested in expanding your skills and knowledge in a targeted 5 or 10 day in person rotation, please complete this form expressing your interest and email the completed form to ogatnetwork@vch.ca

The Program: A custom rotation is targeted to you; to work with a preceptor who can help support you to learn and build capacity in the knowledge and skills that you require in your role and health care environment, to best support the clients you serve.

Funding for these opportunities 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.

Priority will be given to clinicians who can take on clients immediately upon completion of training and who are:

- Physicians and Nurses working in family medicine, emergency medicine or in a treatment facility or addictions clinic setting
 - You reside and work in the VCH Region
 - If you are located in under-serviced areas of the VCH Region e.g. Sunshine Coast, Sea to Sky, Bella Bella and Bella Coola.
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- 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 ogatnetwork@vch.ca.

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

First Name:

Surname:

Preferred name:

Email:

Phone:

Referred by:

(Only if applicable)

Type of practice:

(E.g. family practice, addictions clinic, primary care clinic, hospital, treatment centre etc.)

Clinical designation:

MD

NP

**Location(s)/City
where you practice:**

(Must practice within VCH Region)

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

Will you be able to begin taking on new OAT clients immediately upon completion of training? **Yes** **No**

Are you a VCH employee? **Yes** **No**

Briefly detail why you are interested in this particular capacity building opportunity at this time. What are you interested in learning specifically? Share which skills/knowledge/education you would like to learn/improve at this time? How will training enable you to better support or take on more clients? If you are an employee of VCH, please detail where and in what capacity. Specify if you will be providing shared care or locuming for OAT providers.

Please confirm if you have previously completed either the Provincial Opioid Addiction Treatment Support Program (POATSP) or the Addiction Care and Treatment Online Certificate (ACTOC) ?

Yes I have completed POATSP before. *Funding will only be provided to new trainees.

No I haven't and would like to apply for POATSP.

Yes I have complete ACTOC before.

No, I haven't and would like to apply for ACTOC.

If you would like to explore either of the above funded training opportunities; the **BCCSU Addictions Care Training Online Certificate (ACTOC) training** modules (16-20 hours Substance Use Education - suitable for both clinicians and allied health professionals) or the **Provincial Opioid Addiction Treatment Support Program (POATSP)**, (10-12 hours of online modules and 8 hours preceptorship training); (**preceptorship only eligible for MD, NP, Resident, Psychiatrist**) you can apply by emailing eatnetwork@vch.ca and asking for an application form.

Please indicate how you heard about this opportunity:

Division of Practice

BCCSU

VCH Network

Dine and Learn

Colleague

Other (Please specify)

Please email completed form to: eatnetwork@vch.ca