

VCH Region Application Form: Provincial Opioid Addiction Treatment Support Program (POATSP)



Information for Applicant

The Vancouver Coastal Health Regional Addiction Program (VCH 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 RAP is currently funding select care providers for their time 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. However, all health care providers including RNs, LPNs, RPNs, pharmacists, social workers, counsellors, medical residents and allied health staff can benefit from completion of the online portion of the training and will be considered for funding. In order for your application to be considered for funding, you must be practicing/working within the VCH region in some capacity that supports people who use substances.

What? The POATSP training for prescribers (physicians and NPs) requires completion of 10-14 hours of online module work followed by completion of 2 half-day (4 hours per day) preceptorship.

The POATSP training for non-prescribers (residents, RNs, LPNs, RPNs, pharmacist, social workers, counsellors, and allied health) required completion of 10-14 hours of online module work.

How? Complete this application and submit it to be eatnetwork@vch.ca for review. Funding opportunities are limited but applicants selected will receive funding to compensate them for time spent completing ACTOC.

When? There is no deadline to apply. Applications are accepted and reviewed on a rolling basis.

Application Form

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

First Name: _____

Last Name: _____

Preferred Name: _____

5 digit MSP number if applicable: ____ _

Email: _____

Phone: _____

Designation:

MD (non-resident)

RN

Social Worker

MD (resident)

LPN

Counsellor

Year of residency: ____

RPN

Other: _____

NP

Pharmacist

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Practice setting (check all that currently apply):

- Family Practice
- Primary Care Clinic
- Speciality Clinic
- Emergency Department
- Substance Use Treatment Centre
- Other: _____

City/cities where you work: _____

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

Briefly detail where you practice, whether you will be able to prescribe OAT upon completion of this training and share anything on why you are interested in completing this training. If applicable, please specify if you will be providing shared care or locuming for OAT providers

(Prompts: How will taking this training support you to take on clients or better serve and support people who use substances and for whom OAT is an option? What are you interested in learning?)

Please email completed application form to ogatnetwork@vch.ca