



BCCA Chemotherapy and Biotherapy Education Program APPLICATION FORM (BCCA Employees Only)

Name: _____

Phone # Home: Work: _____

Work E-Mail: _____

Employer Name: _____

Current Position: _____

What workshop dates are you applying for? _____

I acknowledge that:

- I have read and understand the requirements for chemotherapy certification and also for continuing competency in chemotherapy
- I have opportunities to consolidate the initial learning experience on return from the chemotherapy practicum
- I have opportunities to administer at least 50 chemotherapy drugs per year in order to maintain competency in chemotherapy patient care and commit to participate in continuing education directly related to the care of patients receiving chemotherapy
- After receiving the e-course from Professional Practice Nursing, I will contact my Centre's Library or my Manager to request the required textbook as outlined in the program introduction

Nurse Signature: _____

Date: _____

I support this application and confirm that I have reviewed the program requirements with the applicant and that there will be sufficient opportunities to consolidate the initial learning experience and meet the requirements for continuing competency.

Nurse Manager: _____

Nurse Manager's Phone #: _____

E-Mail Address: _____

Signature of Supporting Manager: _____