## BC Cancer Chemotherapy and Biotherapy Education Program - Manager Application for Participants 2025

**Top of Form**

**Today's Date**- Click or tap to enter a date.

**Participant's Full Name** 

**2025 Workshop Dates** - Required Choose an item.

**Your Name & Position** (Endorser/Manager of the Participant) 

**Participant's Health Authority/ Hospital/ Clinic Location**

**Manager's Work Email** (for course correspondence) 

**Participant's Work Email** (for course correspondence) 

**Participant's Work Number** (e.g. 6042412343) 

**Please describe your plan to support a consolidated clinical experience for the participant following course completion.**



**Please describe your plan to support the participant's annual continuing competency requirements in systemic therapy care.**



**I acknowledge that both THE PARTICIPANT and I understand the requirements for Systemic Therapy certification and continuing competency in chemotherapy care.**Yes  
No, I wish to withdraw my application until I can confirm

Please submitted the completed application form to [BCCancerPPNAdmin@phsa.ca](mailto:BCCancerPPNAdmin@phsa.ca)