



# BC Cancer – Systemic Therapy Education Program Manager Application for Participants (2026)

Today's Date

Participant's Full Name

2026 Workshop Dates – Required

Your Name & Position (Endorser/Manager)

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, withdraw application until confirmation

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