

Supervised Practice Experience Agreement

Agreement between:

(Employer) _____ and (Applicant) _____

(Name of Applicant) _____ will work as a Provisional Registrant on/in the (unit, ward, department, etc.) _____ for 400 hours in a Supervised Practice Experience, commencing (month/day/year) _____ .

The Employer will provide a preceptor who will supervise the practice experience and assist the Applicant in meeting the objectives set forth in the Supervised Practice Experience Learning and Evaluation Plan approved by the BCCNM Registration Committee. The Registrant who has agreed to act as preceptor is _____, BCCNM Registration No. _____ .

Prior to beginning the Supervised Practice Experience, the Applicant will provide the Employer with:

- A copy of the Supervised Practice Experience Learning and Evaluation Plan;
- Confirmation of BCCNM's approval of the Learning Plan; and
- Confirmation the Applicant has Provisional Registration with BCCNM.

The hours worked by the Applicant during the Supervised Practice Experience will coincide with the hours of the Preceptor, unless the Preceptor is unavailable to work, the unit manager then will adjust the rotation accordingly.

Existing materials on the unit and in the Employer's library will be available to the Applicant, but the Applicant is responsible for the procurement of any additional texts or resource materials required for the Supervised Practice Experience.

The Preceptor and the Employer will be responsible for providing feedback to the Applicant throughout the Supervised Practice Experience. At the conclusion of the 400 hours of the Supervised Practice Experience, the Preceptor will, in consultation with the Applicant, determine if the practice objectives have been met and complete the BCCNM Supervised Practice Experience Evaluation Form. The Employer will provide BCCNM a completed Supervised Practice Experience Evaluation Form within seven days of the completion date.

The Employer has the right to terminate the Supervised Practice Experience at any time if, in the Employer's opinion, the Applicant has engaged in unacceptable practice or has not abided with this Supervised Practice Experience Agreement. If, at any time the Preceptor, Employer, or Applicant believes the Applicant is not making satisfactory progress with the Supervised Practice Experience, the three parties will determine together the advisability of continuing the Supervised Practice Experience.

The Employer will notify BCCNM immediately if this Supervised Practice Experience Agreement is terminated at any time before completion.

The Parties to this Agreement acknowledge that WorkSafeBC coverage is not provided for the Applicant through BCCNM.

Signed this _____ day of _____, 20 _____

Employer: _____ Preceptor: _____

Applicant: _____