

## Supervised Practice Experience Evaluation—Nursing Designations

*After 400 hours of supervised practice, the Registrant is to be evaluated in relation to BCCNM’s Professional Standards and Scope of Practice to ensure that the Registrant is practising safely and competently.*

*This form is to be completed by a supervisor, nurse educator, manager, or preceptor who has directly observed or supervised the Registrant, knows the nursing scope of practice and competencies for the Registrant’s designation, and can evaluate the Registrant’s ability to provide safe, competent, and ethical care.*

### Instructions

**Registrant:** Complete Part A and then forward this form to the Sponsoring Agency Delegate.

**Sponsoring Agency Delegate:** Complete Part B and submit this form to [RegistrationMonitoring@bccnm.ca](mailto:RegistrationMonitoring@bccnm.ca).

### PART A — To be completed by the Registrant

Date completed (mm/dd/yy): \_\_\_\_\_ BCCNM ID: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Former name(s) if applicable: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nursing designation:  LPN  NP  RN  RPN

Position: \_\_\_\_\_ Practice unit: \_\_\_\_\_

# of hours worked since gaining recent registration: \_\_\_\_\_ Learning plan completed:  Yes  No

### Part B — To be completed by the Sponsoring Agency Delegate

Sponsoring Agency/Practice Unit: \_\_\_\_\_

*Please check one rating for each competency listed.*

Professional Competency	Satisfactory	Unsatisfactory	Unknown/NA	Comments
Responsibility & Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application of Nursing Knowledge and Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client-Focused Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethical Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Professional Competency	Satisfactory	Unsatisfactory	Unknown/NA	Comments
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall, the Registrant demonstrated competent, safe, and ethical nursing practice while completing the supervised practice experience period covered by this review:

Yes  No

Additional comments:

Name of person completing the assessment: \_\_\_\_\_

Title/position: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_