

## **BCCNP Nurse Practitioner Registration: Pre-Assessment Questionnaire**

The educational preparation and scope of practice of nurse practitioners vary significantly throughout Canada and internationally. Given the very broad and independent scope of nurse practitioner practice in B.C., it is very important to ensure that your role, level and scope of practice as a nurse practitioner matches the practice of nurse practitioners registered in B.C.

Reflecting on and answering the questions in the questionnaire will help you to clarify any assumptions and expectations you might have about nurse practitioner practice in B.C. It will help you to determine if there is a fit or match between your current practice and the competencies that are required to practise as a nurse practitioner in B.C. After completing this questionnaire, you will be clearer about your practice and specifically the requirements regarding the level, scope and competencies of a nurse practitioner working in B.C.

This Pre-Assessment Questionnaire will help you to determine if you should proceed with the application process to register with BCCNP as a nurse practitioner. Once you submit this Pre-Assessment Questionnaire, you will have an opportunity to discuss your education and practice with a BCCNP staff person. Assuming you meet the initial criteria for registration, you will receive an application form to continue with the assessment process. If you decide not to go forward with the nurse practitioner application process, you are invited to contact BCCNP staff to discuss other possible options.

The questionnaire includes five sections:

- A: Personal Information
- B: Education
- C: Self-Assessment of Current Practice
- D: Nurse Practitioner Practice Hours Requirement
- E: Request for Application

## Instructions

Prior to completing the questionnaire, review the documents listed below for each section. Keep them handy as a reference when answering the questions. It may take several hours to read the required documents and complete the questionnaire.

To complete the questionnaire electronically:

- save the document to your computer
- type your comments in the shaded areas
- save your document after you have completed the questionnaire
- e-mail the questionnaire to

[register@bccnp.ca](mailto:register@bccnp.ca)

Alternatively, print out the questionnaire, complete it by hand and return to BCCNP by mail or fax.

### For Section A

*Entry-Level Competencies for Nurse Practitioners in Canada*

[https://www.bccnp.ca/becoming\\_a\\_nurse/Documents/NP\\_entry\\_level\\_competencies.pdf](https://www.bccnp.ca/becoming_a_nurse/Documents/NP_entry_level_competencies.pdf)

### For Section C

*Applying the Competencies Required for Nurse Practitioners in British Columbia*

[https://www.bccnp.ca/becoming\\_a\\_nurse/Documents/NP\\_applying\\_competencies\\_44oPLAR.pdf](https://www.bccnp.ca/becoming_a_nurse/Documents/NP_applying_competencies_44oPLAR.pdf)

### For Section C

*BCCNP Scope of Practice for Nurse Practitioners Standards, Limits and Conditions*

[https://www.bccnp.ca/Standards/RN\\_NP/StandardResources/NP\\_ScopeofPractice.pdf](https://www.bccnp.ca/Standards/RN_NP/StandardResources/NP_ScopeofPractice.pdf)

**A: PERSONAL INFORMATION**

Refer to the BCCNP document [\*Entry-Level Competencies for Nurse Practitioners in Canada\*](#).

1. In which nurse practitioner registration categories did you receive your nurse practitioner education?

- NP Family       NP Adult       NP Pediatric

2. Are you currently (or have you ever been) registered/licensed to practise as a nurse practitioner in another jurisdiction?

- Yes       No

**If Yes**, please indicate where you were registered and the dates of your registration (e.g., Alberta, Canada 1992 - present).

Jurisdiction/Dates

3. Are you currently (or have you ever been) certified as a nurse practitioner (e.g., certified as an adult nurse practitioner with the American Nurses Credentialing Center [ANCC], American Academy of Nurse Practitioners [AANP], Pediatric Nurses Certification Board [PNCB])?

- Yes       No

**If Yes**, please indicate your certification designation, the name of the certifying agency/body, where and when you were certified.

Certification Designation/Certifying Agency/Jurisdiction/Dates

**B: NURSE PRACTITIONER EDUCATION**

Which of the following educational experiences listed below best describes your nurse practitioner education?<sup>1</sup>

- Masters in Nursing - Nurse Practitioner Program  
Name/Location/Dates of Program
  
- Masters in Nursing or Relevant Discipline with a Pre- or Post-Nurse Practitioner Program  
Name/Location/Dates of both your master's program and your nurse practitioner program
  
- Other. Please describe your nursing or related post-secondary education, including year of graduation and degree/certificate(s) obtained.

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<sup>1</sup> Should you decide to apply for registration, you will be asked to provide your official transcripts, course descriptions and outlines from your specific nurse practitioner program and/or other evidence of your learning and practice.



## NURSE PRACTITIONER PRE-ASSESSMENT QUESTIONNAIRE

- How independent is your practice? (e.g., What diseases can you not diagnose and/or manage? When do you refer or consult with physicians? Do you practice under a medical directive? Are you supervised by a physician in your practice?)
  
  - Are you authorized to independently prescribe and dispense medications? Describe your prescriptive authority in detail.
  
  - What does preventative health education and planning look like in your practice?
- c. If you have been practising as a nurse practitioner during the past three years, **submit a copy of the scope of practice document(s) from the jurisdiction(s) in which you have practised** as a nurse practitioner (PDF or other electronic version preferred). This document will help BCCNP to better understand the breadth and level of your current practice. You will find it useful to refer to this document when you assess and compare your current practice to the competencies required to practise as a nurse practitioner in B.C.

### Step 2. Read the required BCCNP nurse practitioner documents

- [\*Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions\*](#)

### Step 3. Assess and compare your practice against the BCCNP nurse practitioner competencies and scope of practice

To complete your personal self-assessment, you will need to evaluate the nature of your current practice in relation to the documents identified in Step 2.

**Section 1: Primary and Associated Areas of Competence**

Evaluate the nature of your current practice in relation to the activities found in each of the four primary and associated areas of competence described in Section 1 of BCCNP's *Applying the Competencies Required for Nurse Practitioners in British Columbia*.

As you review each activity carefully read the Indicators of Expected Practice. These describe the way nurse practitioners perform each activity.

Use the self-assessment tool on the following pages to assess your practice and to determine whether you are currently practising at the level of a nurse practitioner in B.C.

Indicate the extent to which you feel your practice (for the past three years) is at the level described in the Indicators of Expected Practice for each activity. If you do not perform an activity, check NA (Not Applicable).

It may be helpful to think of specific practice examples as you work through the assessment tool. You may be required to provide evidence of your practice level at some point in the nurse practitioner application process.

Provide additional information in the comments section, such as any identified gaps in your current practice.

**SELF-ASSESSMENT TOOL**

Assess your current practice and compare it to the competencies required to practise as a nurse practitioner in B.C.

**Degree to which I am currently practising to the level as described by the Indicators of Expected Practice**

<b>1. Assess and diagnose clients' health/illness status</b>	<b>Fully</b>	<b>Partially</b>	<b>Not at the Level</b>	<b>NA</b>
a. Establish and maintain relationship with client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assess client's health status				
i. Take history and gather information from client, family, caretaker(s), or other health professionals and/or records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Conduct physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Gather information and data from diagnostic and/or screening investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make diagnosis(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Document findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicate findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional)

NURSE PRACTITIONER PRE-ASSESSMENT QUESTIONNAIRE

2. Manage clients' health care	Fully	Partially	Not at the Level	NA
a. Develop and implement a plan of care for the management of the client's episodic and chronic physical and mental diseases, disorders and conditions				
i. Establish priorities with the client for desired health outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Provide information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Make recommendations to the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Support the client to implement and monitor the negotiated plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Evaluate the plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments (optional)				
b. Provide treatments and other therapeutic interventions				
i. Write orders and/or document treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Prescribe drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Dispense drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Perform advanced therapeutic interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Consult and make referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NURSE PRACTITIONER PRE-ASSESSMENT QUESTIONNAIRE

	Fully	Partially	Not at the Level	NA
d. Develop follow-up and information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional)

<b>3. Promote health and prevent illness/injury</b>	Fully	Partially	Not at the Level	NA
a. Identify and respond to trends or patterns that have health implications for individuals, families, groups or communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contribute to health promotion/prevention strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Advocate for individuals, families, groups, and communities and their health care needs				
.i Encourage/maximize client participation and decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.ii Advocate for policies that support the health and well-being of individuals, families, groups and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.iii Provide leadership to address service gaps, issues of continuity of care and needed health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional)

<b>4. Maintain professional responsibilities and accountability</b>	<b>Fully</b>	<b>Partially</b>	<b>Not at the Level</b>	<b>NA</b>
a. Practice within scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Advocate for the role of nurse practitioner and the profession of nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintain continuing competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demonstrate leadership and manage change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Meet all legal, professional and ethical requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (optional)

I have reviewed my practice against Indicators of Expected Performance for each of the activities found in the BCCNP Nurse Practitioner Framework. I believe my practice is at the level as described in the above assessment tool.

Yes       No

**Section 2: Knowledge and Skill Specifications**

Read Section 2 of *Applying the Competencies Required for Nurse Practitioners in British Columbia* and attest to one of the following:

- I have reviewed Section 2 of the *Applying the Competencies Required for Nurse Practitioners in British Columbia*. I believe that I have acquired such knowledge and skills as set out in Section 2.
- I have reviewed Section 2 of the *Applying the Competencies Required for Nurse Practitioners in British Columbia*. I believe that I have acquired such knowledge and skills as set out in Section 2 with the exception of the following:

***BCCNP Scope of Practice for Nurse Practitioners Standards, Limits and Conditions***

This section will help you to assess your current practice against the nurse practitioner scope of practice, standards, limits and conditions required to practise as a nurse practitioner in B.C.

Review your current practice against the *BCCNP Scope of Practice Standards, Limits and Conditions for Nurse Practitioners* for the stream in which you are applying to practise (family, adult or pediatric). Attest to one of the following for each section of Standards, Limits and Conditions for your stream of practice.

**Section A: Diagnosing and Health Care Management**

- I have reviewed the Standards, Limits and Conditions for diagnosing and health care management for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared to the level described.
- I have reviewed the Standards, Limits and Conditions for diagnosing and health care management for nurse practitioners (Family, Adult, Pediatric) and believe that I practise to the level described.
- I have reviewed the Standards, Limits and Conditions for diagnosing and health care management for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared and/or practise to the level described with the exception of the following:

**Section B: Prescribing and Dispensing Drugs**

- I have reviewed the Standards, Limits and Conditions for prescribing and dispensing drugs for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared to the level described.
- I have reviewed the Standards, Limits and Conditions for prescribing and dispensing drugs for nurse practitioners (Family, Adult, Pediatric) and believe that I practise to the level described.
- I have reviewed the Standards, Limits and Conditions for prescribing and dispensing drugs for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared and/or practise to the level described with the exception of the following:

**Section C: Physician Consultation and Referral**

## NURSE PRACTITIONER PRE-ASSESSMENT QUESTIONNAIRE

- I have reviewed the Standards, Limits and Conditions for physician consultation and referral for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared to the level described.
- I have reviewed the Standards, Limits and Conditions for physician consultation and referral for nurse practitioners (Family, Adult, Pediatric) and believe that I practise to the level described.
- I have reviewed the Standards, Limits and Conditions for physician consultation and referral for nurse practitioners (Family, Adult, Pediatric) and believe that I have been prepared and/or practise to the level described with the exception of the following:

You have now completed the self-assessment of your current practice:

- If you believe there is a good match between what you do and the BCCNP Framework for Assessing Nurse Practitioners, complete Sections D and E.
- If after completing the self-assessment, you decide that your practice is not a nurse practitioner practice but that it includes specialized practice, contact BCCNP.

### **D: PRACTICE HOURS**

To be eligible to apply for registration as a nurse practitioner you must also meet practice hours requirements.<sup>2</sup> Please indicate which of the following requirements describes your practice hours for the past three years (more than one may apply):

- Practised as a nurse practitioner elsewhere for at least 900 hours in the past three years
- Graduated within the past three years from a formal nurse practitioner education program

### **E: REQUEST FOR APPLICATION**

You have now completed the Pre-Assessment Questionnaire. If you wish to submit your assessment and proceed with the application for nurse practitioner registration, please complete this section.

Name

Address

Phone

E-mail

Are you currently registered with BCCNP?

- No       Yes - Registration number

BCCNP will review your submission and contact you within 10 business days after receipt of your questionnaire.

Forms that are incomplete will be returned with a request to complete or to indicate if it was not possible and the reason why.

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<sup>2</sup> If you are applying for assessment using evaluation of educational credentials, you will be asked to provide evidence that your practice hours reflect the breadth of practice outlined in the BCCNP Standards, Limits and Conditions.