

Supervised Practice Experience Applicant Checklist

This checklist is to be accompanied by the Applicant's resume, Form 68: Supervised Practice Experience Agreement, Preceptor's Statement of Background, and the Applicant's Learning and Evaluation Plan.

Applicant's name: _____

Registration no.: _____ Date: _____

Applicant's Background

Education

Date you completed your initial basic nursing education program and name of the institution: _____

List any other nursing diploma(s), degree(s), or program(s) you have completed, including the name of the institution and the date completed:

Practice history

Date you last practiced: _____

Please indicate the unit and/or practice setting, your employer and dates where you last practiced:

Include the following with your SPE Proposal:

Cover letter & statement to the Registration Committee

In a formal statement to the Registration Committee, please include a brief introduction of yourself, your practice history, and why you wish to return to Registered practice. Please include the following in your statement:

- Your rationale for choosing to complete a Supervised Practice Experience;
- How you have prepared for a return to practice in BC;
- The process you utilized to identify learning needs, learning activities, and objectives, and highlight any specific areas of your practice you will focus on to best prepare you for a safe return to practice; and
- How you will manage situations if you are asked to perform a task you do not feel competent to perform.

Practice area

Provide a description of the practice area chosen to assist the Registration Committee to determine suitability and include the following (if available/applicable):

- Name and location of employer;
- A description of the proposed practice setting;
- A description of the client population and characteristics;
- The focus of the nursing care activities (i.e. health promotion, prevention, restoration, or palliation);

Applicant's Background (cont'd)

- A description of the interdisciplinary health care team you will be working with; and
- Any pertinent issues (if applicable) of importance in the setting.

Current resume

- Include your work history with dates (month & year), the number of hours you practiced per year with each employer, the title of your positions and a description of the practice setting; and
- Include any healthcare related courses completed.

Form: Supervised Practice Agreement Form

Preceptor statement of background

- Include a statement from your Preceptor outlining their: practice history, current role, and ability to act as your Preceptor.

SPE Learning and Evaluation Plan

Include a description of the process you used to identify your learning needs and outline the following:

- Objectives (learning outcomes);
- Learning activities;
- Evaluation plans (including methods and tools);and
- Plan sequence and time frames (minimum of 400 hours implemented within 6 months).

Final Checklist

- I have selected an area for my SPE that meets the criteria for the recognized practice of nursing and is an area I have previous experience in.
- I have proposed a learning plan to a potential employer and discussed the plan with the appropriate individuals, including my proposed preceptor.
- A qualified Registrant has agreed to be my preceptor and fulfill the role and responsibilities identified. I have attached a statement of background for my preceptor(s).
- I have enclosed the signed Form 68: Supervised Practice Experience Agreement.
- I have attached a statement describing my proposed supervised experience setting, including practice area and patient population.

Learning and Evaluation Plan

- I have made plans to become familiar with the employer. The orientation outline is attached.
- I have attached a detailed explanation of the method I used to identify my learning needs outlined in my learning plan.
- My learning plan identifies objectives (learning outcomes) based on my identified learning needs and the learning activities to help me achieve these objectives.
- My evaluation plan:
 - Identifies evaluation indicators for each objective;
 - Identifies ongoing assessment and feedback strategies (including tools used);
 - Identifies when and by whom I will be evaluated; and
 - Provides assurance BCCNM Standards of Practice will be addressed.
- I have included a plan sequence and a timeline that identifies the number of hours (must be at least 400 hours of practice), my start date, and my expected date of completion.