

# Supervised Practice Experience Program(SPEP) Completion Form for Employers/Organizations



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

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Fax: 709 579-8268 Email: [registration@clpnnl.ca](mailto:registration@clpnnl.ca)

## Instructions

1. When SPEP is complete, please complete and email this form to [registration@clpnnl.ca](mailto:registration@clpnnl.ca) using the subject heading SPEP COMPLETION FORM FOR ORGANIZATIONS. For this form to be accepted, all fields must be answered. Incomplete forms may cause delays in the applicant's registration process.

## SECTION 1 - SPEP CANDIDATE INFORMATION

First name of SPEP candidate

Email address of SPEP Candidate

Last name of SPEP candidate

Application Number:

Category of registration:  Licensed Practical Nurse

## SPEP Candidate Consent

In order to verify my evidence of practice requirements, CLPNNL is requesting that the organization provide information with respect to my supervised practice experience. I hereby give this organization my consent to provide any and all information to CLPNNL regarding my supervised practice experience. This shall constitute your legal authority to provide the information and any other information which CLPNNL shall request which may, in any way, be relevant to my application.

SPEP candidate signature

Date (DD/MM/YYYY)

## SECTION 2 - EMPLOYMENT/ORGANIZATION INFORMATION

Name of organization

Telephone number (including area code)

Street address

Primary contact first name

City

Primary contact last name

Postal code

Primary contact email address

## SECTION 3 - COMPLETION OF THE SUPREVISED PRACTICE EXPERIENCE PROGRAM

### 1. Date of supervised practice experience

Start date (DD/MM/YYYY)

Completed (DD/MM/YYYY)

Total number of hours completed

2. Category of SPEP practice  Licensed Practical Nurse

### 3. Did the Candidate successfully complete the 450 hours?

Yes

4. Is an offer of employment being considered or has it been offered?

Yes

No (if no, please explain why.

Please attach an explanation if more space is needed)

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**I hereby certify that the information is accurate and complete**

Name 

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Signature 

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Date (DD/MM/YYYY) 

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