

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

College of Licensed Practical Nurses
of Newfoundland and Labrador
209 Blackmarsh Road., St. John's, NL,
A1E 1T1
<https://clpnnl.ca>

Telephone: 709 579-3843
Toll-free (Canada): 1 888-579-2576
Fax: 709 579-8268 Email: registration@clpnnl.ca

Instructions

1. When SPEP is complete, please complete and email this form to 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 APPLICANT INFORMATION

First name _____ Email address _____
Last name _____ CLPNNL License Number: _____
Category of registration: Licensed Practical Nurse

SPEP APPLICANT 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 applicant 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 Applicant successfully complete the 450 hours?

Yes

No

If no, please explain why.

4. Was the applicant successful in meeting all the competency requirements?

Yes

No

If no, please include the completed SPEP Initial and Final Assessment Forms to registration@clpnnl.ca

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

Yes

No (if no, please explain why.)

Please attach an explanation if more space is needed

I hereby certify that the information is accurate and complete

Name _____

Signature _____

Date (DD/MM/YYYY) _____