

College of Licensed Practical Nurses of Newfoundland and Labrador  
(CLPNNL)  
Supervised Practice Experience Program (SPEP)

January 2023



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



The College acknowledges the College of Nurses of Ontario (CNO) who developed the SPEP in January 2022. CLPNNL has adapted the CNO document to reflect the needs of Newfoundland and Labrador nursing context.

The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)<sup>1</sup> is the regulatory body responsible for the licensure of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador (NL) pursuant to the Licensed Practical Nurses Act, 2005. The mandate of the College is to protect the public by ensuring LPNs possess the qualifications and competencies to practice nursing.

The purpose of this document is to provide information and assistance to licensure applicants which include, Internationally Educated Nurses (IENS), practical nurses seeking re-entry, as well as organizations, and preceptors on the Supervised Practice Experience Program (SPEP). This document is divided into 5 sections:

1. Background information on the Supervised Practice Experience Program (SPEP)
2. Information for candidates
3. Information for Employers/Organizations
4. Information for preceptors/supervisors
5. Required forms for the program

## 1. SUPERVISED PRACTICE EXPERIENCE PROGRAM

The SPEP is a regulatory program that is employment focused and available to eligible candidates in the province of NL. As part of the program, eligible candidates may be granted a Temporary License<sup>2</sup> for the purpose of obtaining currency of practice hours (450 hours), which is a requirement to be eligible for initial licensure with the College. A Temporary License granted under this program does not permit a candidate to practice as an LPN outside of the agreed upon terms of the SPEP. By participating in the program, candidates gain currency of practice hours in a mutually agreed upon area of practice, and concurrently enhance their nursing knowledge, skill, and judgement.

The SPEP includes 135 hours of clinical practice under the direct supervision<sup>3</sup> of an experienced LPN preceptor (12 shifts using a 11.25-hour rotating schedule or 18 shifts using a 7.5-hour day schedule). In certain circumstances the preceptor may be a Registered Nurse (RN). The direct supervision of the preceptor is designed to support the integration of the candidate into the Canadian context and provide them the opportunity to learn nursing practices related to the employer's policies and procedures, documentation, medication management, role of the LPN in the practice setting, and more. The direct supervision provided by the preceptor ensures the candidate has a controlled and supportive learning environment to enhance their knowledge and skills in the Canadian health care context. The preceptor will support the candidate and assist the College and the employer to determine the process, length of time, and degree of supervision required to help the candidate proceed onto initial licensure<sup>4</sup>. The participating employer may determine if additional time under direct supervision is required.

<sup>1</sup> herein referred to as the "College."

<sup>2</sup>Temporary License is a license to practice as an LPN issued for: a defined period of time and until all requirements for initial licensure or re-entry have been met.

<sup>3</sup>Direct supervision refers to having the LPN physically present or immediately available while a nursing activity is being performed. It involves direction, inspection, and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, and monitoring the candidate's performance.

<sup>4</sup>Initial License is granting of a license to practice as an LPN for applicants who have met all licensure requirements.



Following the successful completion of the 135 hours, the candidate can transition into a more independent role to complete an additional 315 hours in the practice area(s). During this experience, candidates can be under the direct or indirect<sup>5</sup> supervision of the preceptor(s), who is available for support and questions. Should the participating employer choose, the 315 hours might be considered to be part of the orientation required for new LPN employees in the health care setting. Upon successful completion of the program, candidates will have acquired 450 hours of current practice as a nurse in Canada, meeting the currency of practice requirements to obtain initial licensure with the College.

## 2. INFORMATION FOR CANDIDATES

### Program Eligibility

As a regulatory program with an employment focus, this program allows CLPNNL to provide a candidate with a Temporary License whereby employers/organizations work with candidates so that they gain nursing practice experience; the purpose of which is to obtain the currency of practice hours required for initial licensure. In this program there are 2 types of candidates:

1. IENs who have completed an educational credential assessment process and the College has determined that:
  - their nursing education program meets the requirements for practicing in NL, or they have successfully completed bridging education to address gaps; and
  - they do not meet the legislative currency of practice requirements for licensure with the College as an LPN.
2. Re-entry candidates who have:
  - held a license to practice with CLPNNL in the previous 10 years;
  - do not meet currency of practice requirements; and
  - have not had an allegation filed against their practice that was not resolved by the CLPNNL Registrar.

### Application Process

**Step one:** Apply as an Exam Candidate in the CLPNNL Alinty Member Portal (add Link). Applicants who met all other requirements for temporary licensure, but do not meet the currency of practice hours requirement, will be notified of their eligibility for SPEP through the Alinty Member Portal. Contact [registration@clpnnl.ca](mailto:registration@clpnnl.ca) if you have questions regarding your eligibility.

**Step two:** Reflect on your learning needs to determine if this program is the right option for you and what areas (hospital or long-term care facility) would best support you in the successful completion of the program.

**Step three:** Arrange employment with an NL Regional Health Authority (RHA) that is supportive of your participation in SPEP and will provide you with 450 hours of supervised practice. Complete the Supervised Practice Experience Applicant Intake form. Appendix A - Forms

<sup>5</sup> Indirect supervision refers to the preceptor being readily available for consultation and direction (e.g., telephone, etc.) but may not be physically present with the candidate at all times.



**Step four:** Confirm that a temporary license has been granted to you before you start employment, which includes orientation. Practising without a license puts yourself and your clients at risk and will result in fines and disciplinary action. Licensure status can be confirmed by searching your name on the College's online member search <https://clpnnl.alinityapp.com/client/publicdirectory>.

**Program Expectations** This program is employer focused and requires support from an employer willing to participate in the program. See Appendix A – Forms, Supervised Practice Experience Program (SPEP) form for Organizations.

The eligible candidate will:

- Go through an orientation process as identified by the employer to become familiar with the organization, the practice setting, and program expectations.
- Assess any learning needs, identify learning goals, and work with a preceptor to gain identified experiences.
- Complete a minimum of 135 hours of practice experience under the direct supervision of a qualified preceptor (either LPN or RN). Practice hours with direct supervision may be extended if required, depending on individual progression.
- Remain in one practice setting<sup>6</sup> during the 135 hours of practice experience under direct supervision.
- Meet with the preceptor and if necessary the manager after 135 hours to review progress in the SPEP.
- Complete an additional 315 hours of practice experience under direct or indirect supervision, depending on individual needs. The candidate may change practice settings as required/available for the additional 315 hours. However, the candidate must retain the services of a preceptor and may have more than one preceptor for the 315 hours depending on availability and practice setting.
- Agree not to become employed as an LPN in another setting as the temporary license is only valid within the parameters of the SPEP.
- Complete an initial and final self-evaluation related to the application of the College's Standards of Practice for Licensed Practical Nurses, Code of Ethics for Licensed Practical Nurses, and other regulatory, legislative and employer documents. The final self-evaluation will be completed after a minimum of 450 hours of practice experience.
- Receive feedback from preceptors and have opportunities for additional experiences. Preceptors will complete evaluations using the same criteria as candidates. See Appendix A – Forms, Supervised Practice Experience Program Assessment Form for Preceptors.

<sup>6</sup> Remaining in one practice setting provides a consistent learning environment and allows for a thorough evaluation.





While completing the 450 practice experience hours required for the program, the candidate is accountable to provide care within their individual scope of practice and competence (knowledge, skill, judgement, ability to manage the outcomes).

## Program Completion

Upon completion of the 450 practice experience hours:

- Participate in a debrief with your preceptor(s) and supervisor in your practice setting.
- Request the preceptor/supervisor(s) completes the Supervised Practice Experience Program Completion form. See Appendix A – Forms, Supervised Practice Experience Program Completion form. This form must be submitted via email to [registration@clpnnl.ca](mailto:registration@clpnnl.ca)

The College will review the documents to ensure all requirements to complete your registration are met.

Upon successful completion of the SPEP, candidates who are Internationally Educated Nurses (IENs) will be eligible for the LPN Registration exam (CPNRE). Successful completion of the exam is the final step before licensure as an LPN. Applicants who are re-entry candidates and have already passed the CPNRE, can move to initial licensure following successful completion of SPEP.

For additional information please read:

[Supervised Practice Experience Program FAQs](#)

Candidates who require more information about registration should contact [registration@clpnnl.ca](mailto:registration@clpnnl.ca).

## Unsuccessful Applicants

Unsuccessful applicants are individuals that have:

- completed a minimum of 450 hours but are unable to progress to indirect supervision
- completed the program but have not met all the competency requirements on the SPEP Final Assessment Form for Preceptors
- had their Temporary License revoked



### 3. INFORMATION FOR ORGANIZATIONS

The following information is for organizations interested in participating in the Supervised Practice Experience Program.

#### Supervised Practice Experience Program

The focus of the SPEP is for applicants to gain currency of practice hours in a mutually agreed upon area of practice, and concurrently enhance their nursing knowledge, skill, and judgement. Participating employers/organizations may choose to retain those applicants who successfully completed the program as orientated nurses once they become fully licensed with the College.

The candidate in gaining currency should also be able to apply nursing knowledge, skill, and judgement and demonstrate an understanding of nursing accountabilities applicable to the College's Standards of Practice and other regulatory documents.

Organizations have the right to end the program agreement at any time (e.g., because of lack of progress or for other reasons). In these situations, organizations are required to notify the College and complete the Supervised Practice Experience Program Completion form documenting the reason for failure to complete or unsuccessful completion of the program. See Appendix A – Forms.

#### Organization Responsibilities

To be part of the CLPNNL's SPEP, approved employers/organizations and practice experiences must be based in NL.

As participating partners, employers/organizations agree to:

- Orient the SPEP candidate to the practice setting including relevant policies, procedures, resource materials, general practice environment, and any required training (e.g., Meditech, etc.). Orientation hours can be counted towards the overall 450 hours but cannot be included in the 135 of direct supervised practice.
- Identify an LPN or RN preceptor to provide direct supervision and guide the SPEP candidate and provide feedback and learning opportunities for a minimum of 135 practice experience hours (as per employer identified schedule).
- Arrange for an additional 315 hours of practice experience under direct or indirect supervision of an LPN or RN Preceptor as required.
- The SPEP candidate's Temporary License is restricted to practice within the conditions of the SPEP.
- Contact the College with any concerns or clarifications as required.



- Evaluate the SPEP candidates progress using the College's approved SPEP Evaluation Form and submit to the College. See Appendix A – Forms
- Upon completion of the program, the organization must complete and submit the Supervised Practice Experience Program Completion form to [registration@clpnnl.ca](mailto:registration@clpnnl.ca) See Appendix A - Forms.
- If the candidate is unsuccessful, or does not complete the SPEP, forms must still be submitted.

Organizations who require more information or have questions about the program, scope of practice, standards of practice or program outcomes, please contact [dlake@clpnnl.ca](mailto:dlake@clpnnl.ca)

#### 4. INFORMATION FOR PRECEPTORS

The preceptor provides supervision and acts as a resource, role model, and mentor/coach to the SPEP candidate. Supervision can be direct (being physically present or immediately available while the activity is being performed) or indirect (providing direction through various means of written and verbal communications). Supervision must be direct for the first 135 hours of the program and may be direct or indirect for the last 315 hours of the program based on the individual needs of the applicant.

Candidates can be supervised by either a qualified LPN or RN, as identified as appropriate by the employer.

Supervision entails initial direction, periodic inspection and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, monitoring an individual's performance of an activity to influence its outcome.

#### Submitting Documents

Preceptors, and/or Supervisors who require more information or have questions about the program regarding scope of practice, standards of practice or program outcomes, please contact [dlake@clpnnl.ca](mailto:dlake@clpnnl.ca)





## APPENDIX A - FORMS



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



COLLEGE OF  
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OF NEWFOUNDLAND AND LABRADOR  
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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](mailto:registration@clpnnl.ca)

## Instructions

1. This form must be completed by the organization applying to participate in the Supervised Practice Experience Program for LPN applicants.
2. Once completed, save, and send the form to the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) using the email address at the top of this form. Please add subject heading *SPEP FORM FOR ORGANIZATIONS*.
3. **The College will review the form and notify when approval is confirmed.**

## SPEP APPLICANT INFORMATION

Name of SPEP Applicant

Tentative start date for SPEP Applicant

## EMPLOYER/ORGANIZATION INFORMATION

Name of  
organization

First name of primary contact

Street address

Last name of primary contact

City

Email address

Postal code

Phone number (include area code)

Name of Facility (e.g., Health Science Centre, etc.) \_\_\_\_\_

Name of Unit (e.g., 4SA, etc.). \_\_\_\_\_

Description of Unit (e.g., acute care, long-term care facility, etc.). Describe below:

## AGREEMENT

### The employer/organization agrees to uphold the following Supervised Practice Experience Program:

- Orient the applicant to the practice setting including relevant policies, procedures, resource materials, general practice environment, and any required training (e.g., Meditech, etc.).
- Provide an LPN or RN preceptor to provide direct supervision and guide the SPEP candidate and provide feedback and learning opportunities for a minimum of 135 practice experience hours (as per employer identified schedule).
- Arrange for an additional 315 hours of practice experience under direct or indirect supervision of an LPN or RN preceptor as required.
- Contact the College with any concerns or clarifications as required.
- Evaluate the applicants progress using the College's approved SPEP Evaluation Form.
- Confirm the applicant has met program requirements and outcomes at the end of the experience using the College's approved SPEP Completion Form.

## ADDITIONAL INFORMATION

- The SPEP recognizes that the applicant has met the educational requirements for licensure and the primary purpose of the SPEP is to assist applicants in obtaining currency of practice experience.
- The SPEP is designed to either support the integration of IEN candidates into the Canadian context or assist former practical nurses to reintegrate. All SPEP applicants have the opportunity to learn nursing practices related to the employer's policies and procedures, documentation, medication management, role of nursing practice, and more, while obtaining currency of practice hours. At the end of the program it is expected that:
  - The applicant will be able to apply nursing knowledge, skill, and judgement and demonstrate an understanding of nursing accountabilities applicable to the College's standards and regulatory documents.
- Organizations have the right to end the SPEP agreement at any time (e.g., because of lack of progress or for other reasons). In these situations, organizations are required to notify the College and complete and submit the Supervised Practice Experience Program Completion form documenting the reason for failure to complete.
- The Temporary License granted to the applicant is restricted to LPN practice within the SPEP.

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Signature of primary contact

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Date DD/MM/YYYY

# Supervised Practice Experience Partnership **Initial** Assessment Form for Preceptors



COLLEGE OF  
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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](mailto:registration@clpnnl.ca)

## Instructions

1. This form is to be completed by the most responsible preceptor best able to evaluate the SPEP applicant.
2. This form is to be completed after the SPEP applicant has completed 135 hours of direct supervision.
3. This form is a fillable PDF that can be completed electronically, saved, and submitted, or printed and completed manually.
4. Once completed, this form must be submitted to CLPNNL [registration@clpnnl.ca](mailto:registration@clpnnl.ca).

Although the SPEP assists IENs to obtain currency, applicants should demonstrate an understanding of the College's Standards of Practice for Licensed Practical Nurses, the Scope of Practice, and other relevant legislative, regulatory, and employer/organization documents.

## APPLICANT INFORMATION

First name \_\_\_\_\_

CLPNNL License Number: \_\_\_\_\_

Last name \_\_\_\_\_

Date supervision started DD / MM / YYYY \_\_\_\_\_

Email address \_\_\_\_\_

Date supervision ended DD / MM / YYYY \_\_\_\_\_

## PRECEPTOR INFORMATION

Name of organization \_\_\_\_\_

Email address \_\_\_\_\_

First name \_\_\_\_\_

Position of preceptor \_\_\_\_\_

Last name \_\_\_\_\_

SPEP applicant has completed 135 hours of practice  
experience

# Supervised Practice Experience Program **Initial** Assessment Form for Preceptors *continued*



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Input should be sought from all preceptors and the Supervised Practice Experience Partnership Program Initial Assessment Form for Preceptors must be completed after the 135 hours under direct supervision and should be reviewed with the applicant.

Within the context of beginning practice indicate if the below-named applicant has met, is progressing towards met, or has not met the competency requirements as listed below:

<b>Part A: Demonstrates the ability to provide competent and safe nursing care.</b>	<b>Met</b>	<b>Progressing Towards Met</b>	<b>Not Met</b>
• Recognizes the limits of their competencies when client's health care needs are complex or change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates initiative to attain knowledge and skills to provide safe, competent, evidence-based care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Works within their own knowledge, skill, and judgement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Applies critical thinking and problem-solving skills when practicing nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part B: Demonstrates the ability to work as an effective member of the health care team.</b>	<b>Met</b>	<b>Progressing Towards Met</b>	<b>Not Met</b>
• Understands their role within the health care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Uses effective communication skills with clients and the healthcare team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Collaborates and consults with colleagues in a clear, effective, professional, and timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part C: Demonstrates an understanding of effective documentation principles and technology and applies this Knowledge to practice setting(s).</b>	<b>Met</b>	<b>Progressing Towards Met</b>	<b>Not Met</b>
• Understands practice setting(s) policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Supervised Practice Experience Partnership **Final** Assessment Form for Preceptors



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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](mailto:registration@clpnnl.ca)

## Instructions

1. This form is to be completed by the most responsible preceptor best able to evaluate the SPEP applicant.
2. This form is to be completed after the SPEP applicant has completed 450 hours of supervision.
3. This form is a fillable PDF that can be completed electronically, saved, and submitted, or printed and completed manually.
4. Once completed, this form must be submitted to CLPNNL [registration@clpnnl.ca](mailto:registration@clpnnl.ca).

Although the SPEP assists IENs to obtain currency, applicants should demonstrate an understanding of the College's Standards of Practice for Licensed Practical Nurses, the Scope of Practice, and other relevant legislative, regulatory, and employer/organization documents.

## APPLICANT INFORMATION

First name

CLPNNL License Number:

Last name

Date supervision started DD / MM / YYYY

Email address

Date supervision ended DD / MM / YYYY

## PRECEPTOR INFORMATION

Name of organization

Email address

First name

Position of preceptor

Last name

SPEP applicant has completed 450 hours of practice  
experience

# Supervised Practice Experience Program **Final** Assessment Preceptors *continued*



COLLEGE OF  
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OF NEWFOUNDLAND AND LABRADOR  
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Input should be sought from all preceptors and the Supervised Practice Experience Partnership Program Final Assessment Form for Preceptors must be completed after the 450 hours under supervision and should be reviewed with the applicant.

Within the context of beginning practice indicate if the below-named applicant HAS MET (YES) or HAS NOT MET (NO) the competency requirements as listed below:

<b>Part A:</b> Demonstrates the ability to provide competent and safe nursing care.	<b>Met</b>	<b>Not Met</b>
• Recognizes the limits of their competencies when client's health care needs are complex or change	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrates initiative to attain knowledge and skills to provide safe, competent, evidence-based care.	<input type="checkbox"/>	<input type="checkbox"/>
• Works within their own knowledge, skill, and judgement.	<input type="checkbox"/>	<input type="checkbox"/>
• Applies critical thinking and problem-solving skills when practicing nursing.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part B:</b> Demonstrates the ability to work as an effective member of the health care team.	<b>Met</b>	<b>Not Met</b>
• Understands their role within the health care team.	<input type="checkbox"/>	<input type="checkbox"/>
• Uses effective communication skills with clients and the healthcare team.	<input type="checkbox"/>	<input type="checkbox"/>
• Collaborates and consults with colleagues in a clear, effective, professional, and timely manner.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part C:</b> Demonstrates an understanding of effective documentation principles and technology and applies this Knowledge to practice setting(s).	<b>Met</b>	<b>Not Met</b>
• Understands practice setting(s) policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** Please provide commentary on the overall performance of the applicant:

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



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of Newfoundland and Labrador  
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Telephone: 709 579-3843  
Toll-free (Canada): 1 888-579-2576  
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 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.

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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](mailto: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

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

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_





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