

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



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

College of Licensed Practical Nurses of  
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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"/>

