

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



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

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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 and phone number of Preceptor _____

*Preceptor information section must be completed before submitting this form to CLPNNL.

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.

Signature of primary contact

Date DD/MM/YYYY