

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



College of Registered Nurses of
Newfoundland and Labrador
1033 Topsail Road, Mount Pears, NL A1N 5E9
<https://crnnl.ca>

Telephone: 709 753 6040
Toll-free (Canada): 1 800 563 3200
Fax: 709 753 4940 Email: registration@crnnl.ca

Instructions

This form must be completed by the employer/organization applying to participate in the Supervised Practice Experience Partnership Program for Internationally Educated Nurse (IEN)/Re-Entry Nurse applicants.

The completed form must be sent to the College of Registered Nurses of Newfoundland and Labrador using the email address at the top of this form. Please add subject heading *SPEPP FORM FOR ORGANIZATIONS*.

The College will review the application and notify the employer/organization.

EMPLOYER/ORGANIZATION INFORMATION

Site name _____

First name of primary contact _____

Street Address _____

Last name of primary contact _____

City _____

Email Address _____

Postal code _____

Phone number (include area code) _____

Category of Registration: Registered Nurse

Nurse Practitioner

Name of Applicant _____

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

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

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



AGREEMENT

The employer/organization has read the requirements for the Supervised Practice Experience Partnership Program, and are able to:

- orient the applicant to the practice setting including relevant policies, procedures, resource materials, general practice environment, and any required training (e.g., computer-based training, etc.)
- assign a qualified preceptor to provide direct supervision and guide the applicant and provide feedback and learning opportunities for a minimum of 135 practice experience hours for RNs or 300 practice experience hours for NPs (as per employer identified schedule)
- arrange for an additional 315 hours of practice experience for RNs or 600 hours of practice experience for NPs under indirect supervision
- contact the College with any concerns or clarifications as required
- submit the SPEPP Completion Form for Employers/Organizations and confirm the applicant has met program hours requirements and competency requirements at the end of the experience

ADDITIONAL INFORMATION

- The employer/organization must notify the College immediately if the supervised practice program is terminated at any time before completion.
- The employer/organization must submit the completed SPEPP Initial and Final Assessment Forms if the applicant is unsuccessful in completing SPEPP.

Signature of primary contact

Date DD/MM/YYYY