Supervised Practice Experience Partnership Completion Form for Organizations

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

College of Nurses of Ontario
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Instructions

1. Please save this pdf to your computer.
2. When the Supervised Practice Experience Partnership is complete, the organization completes and emails this form to CNO using the email address at the top of this form. Please add subject heading *SPEP COMPLETION FORM FROM ORGANIZATIONS.*

Please review the *Privacy Policy* on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.

SECTION 1 — APPLICANT INFORMATION

First name of applicant

Email address of applicant

Last name of applicant

Application Number:

Category of registration: Registered Nurse Registered Practical Nurse

APPLICANT CONSENT

In order to verify my evidence of practice requirement and language proficiency (if applicable), CNO is requesting that the organization provides information with respect to my supervised practice experience.
I hereby give this organization my consent to provide any and all information to CNO regarding my supervised practice experience. This shall constitute your legal authority to provide the information and any other information which CNO shall request which may, in any way, be relevant to my application.

Applicant signature

Date (DD/MM/YYYY)

SECTION 2 — 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

APPLICANT SUPERVISED PRACTICE EXPERIENCE

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

Registered Nurse

Registered Practical Nurse

3. Did the applicant demonstrate the ability to communicate and comprehend effectively, both orally and in writing, in either English or French in your health care setting?

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

Yes

No (if no, please explain why. Please attach an explanation if more space is needed)

I hereby certify that the information provided is accurate and complete

Name

Signature

Date (DD/MM/YYYY)

MAR 2022
2022-20