

COMPETENCY TO PRACTICE—PRACTICAL NURSE

APPLICANT: If you do not have an active license in another state and all of your licenses have been expired two (2) years or more, you must demonstrate competency to practice by successfully completing refresher courses as defined in Nursing Board Rule 5.6.

Complete all of the following steps:

1. Register for a Board-approved nursing education program / refresher course.
2. Within the guidelines of your chosen program / course, locate a qualified clinical agency (acute, subacute, skilled) to obtain the required, unpaid supervised clinical experience. Submit a completed Non-Traditional/Refresher Program Instructor/Preceptor Agreement (attached) with your application and fee to the Office of Licensing, 1560 Broadway, Suite 1350, Denver, CO 80202.

Upon review and approval of the application and Non-Traditional/ Refresher Program Instructor/Preceptor Agreement, your license will be issued in a Restricted Status, valid only for the purpose of completing the clinical experience. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

This process must be completed prior to the start of the clinical training.

3. Upon completion of steps 1 and 2 above, provide evidence of having completed all requirements as follows:
 - Obtain an official transcript or certificate in its official sealed envelope indicating completion of the Board-approved nursing education program/refresher course;
 - Obtain an original completed Non-Traditional/Refresher Program Skills Checklist (attached) from your Preceptor in an official sealed envelope; and
 - Submit both documents in their unopened, sealed envelopes to the Office of Licensing.

Upon review and approval of both documents, the restriction will be removed from your license and a new license copy will be issued in an Active Status, if all other licensing requirements are met.

NON-TRADITIONAL PROGRAM OR REFRESHER PROGRAM INSTRUCTOR / PRECEPTOR AGREEMENT

All information requested in this form must be provided

Student Name (print legibly)

Date of Birth or Last 4 of SSN

This Agreement, by and between the Student, Instructor/Preceptor, Faculty, and Facility, is entered into for the purpose of providing clinical experience to Student pursuant to Colorado State Board of Nursing ("BON") Rule 5.6, which is incorporated herein by reference. See www.dora.state.co.us/nursing/rules/rules, and pursuant to section 3.4 of the Board's *Chapter 1 – Rules and Regulations for the Licensure of Practical and Professional Nurses*. For good and valuable consideration, the parties, whose information is fully set forth below, agree as follows:

Instructor/Preceptor agrees to provide (circle one): **(A)** clinical supervision in a traditional format with one instructor directly overseeing a small group of students –OR– **(B)** direct supervision of student on a 1:1 basis. Instructor/Preceptor agrees to evaluate Student's performance pursuant to the BON "Non-Traditional/Refresher Program Skills Checklist" and to provide student with the required evaluation upon Student's completion of the clinical portion of the refresher course. In addition, Instructor/Preceptor will provide official transcripts or certificate of completion and the original Non-Traditional/Refresher Program Skills Checklist in an official sealed envelope to student for submission to BON;

- **NOTE: Instructor/Preceptor who signs this form must be the same instructor/preceptor who signs the Skills Checklist.**

Faculty* agrees that its refresher program will provide theoretical course work to the Student in an official transcript or certificate of completion as required by BON Rule 5.6;

Facility agrees that the clinical instruction required herein may be provided at its facility.

INSTRUCTIONS FOR COMPLETING THIS FORM:

Applicants for PN licensure should have sections 1, 2 and 3 below completed by your Instructor/Preceptor.

1. Instructor/Preceptor: _____
Instructor/Preceptor signature Date

Printed Name: _____

Title/Position: _____ Phone number: _____

License No(s): RN _____ PN _____ Status of License(s): _____

State(s) licensed: _____ Year(s) Issued: _____ Exp. date(s): _____

Educational degrees: _____ Yrs. clinical experience: _____

Schools attended & years graduated: _____

APPLICANT NAME: _____

2. Faculty: _____
Faculty member signature Date

Printed name of school: _____

Address of school: _____

Printed name of faculty member: _____

Title: _____ E-mail address: _____

Phone number: _____ Fax number: _____

3. Facility: _____
Facility representative signature Date

Printed name of facility: _____

Address of facility: _____

Facility provides (circle all that apply): acute care sub-acute care skilled nursing

Printed name of facility representative: _____

Title: _____ E-mail address: _____

Phone number: _____ Fax number: _____

All Applicants must sign and date the form below:

4. Student: _____
Student signature Date

* Faculty: Individuals meeting the requirements of the rules, designated by the governing body as having ongoing responsibility for curriculum development, planning, teaching, guiding, monitoring, and evaluating student learning in the classroom and practice setting.

**NON-TRADITIONAL / REFRESHER PROGRAM
Skills Checklist**

Student: _____ Date of Birth or Last 4 of SSN: _____

Program: _____

Instructor/ Preceptor: _____

Clinical Supervision Start Date: _____ End Date: _____

➤ Please mark each competency as 'Satisfactory', 'Needs Improvement', OR 'Not Observed'

➤ Note: All clinical competencies must be observed

Clinical Competency	Satisfactory	Needs Improvement*	Not Observed*	Preceptor Initials
PN Provider Role				
Performs services under the supervision of a registered nurse, physician, dentist or podiatrist.				
Performs and accurately collects basic health assessment data on patients contributing to the comprehensive patient assessment.				
Identifies common needs and problems, recognizes normal from abnormal findings and reports changes in findings to the appropriate health care professional.				
Contributes to the nursing plan of care.				
Provides basic care to those patients with predictable outcomes.				
Administers treatments, including medications as prescribed within the plan of care. Includes the medical plan of care and the nursing plan of care and: <ul style="list-style-type: none"> • Has accurate knowledge of the treatment procedure, and expected outcome. • Is skilled in safely administering the treatments. • Administers the right treatment to the right patient, at the right time. 				
Documents accurately and in a timely manner.				
Communicates to appropriate authority in a timely manner if patient refuses treatment, error is made, or an unpredicted event occurs.				
Uses technology, information and facility resources appropriately and effectively.				
Communicates in an accurate, clear and respectful manner with patients, families, supervisors and other Health Care Providers.				

APPLICANT NAME: _____

Clinical Competency	Satisfactory	Needs Improvement*	Not Observed*	Preceptor Initials
Develops and maintains appropriate relationships with patients, families, colleagues, and other health care professionals.				
Participates in the evaluation of patient outcomes and implementing necessary change.				
Assists in the formation of a teaching plan based on the needs of the patient.				
Supports and reinforces teaching as prescribed in the plan of care.				
Reports changes in individual / family / group condition in a timely manner and to the appropriate supervisor.				
PN Professional Role				
Is current in knowledge of illness care and treatment trends.				
Promotes patient safety.				
Is a safe practitioner that practices within the PN scope of practice				
Maintains patient confidentiality.				
Protects self and patients through safe practices such as universal precautions, lifting guidelines, and self-care practices.				
When directed coordinates, organizes and prioritizes care provided for the patient.				
• Assigns care appropriately.				
• Monitors care provided by assignees.				
• Offers feedback to assignees on care provided.				
• Uses effective communication and conflict management skills.				
• Promotes teamwork.				
Hours of Clinical Provided	Clinical hours Documented	Needs More Hours	Recommended Additional Hours	Preceptor Initials
120 hours required for applicants with license expired over 10 years with possible additional hours determined by Board				
120 hours required for applicants with license expired 6 and up to 10 years				
80 hours required for applicants with license expired 2-5 years				

***All clinical competencies must be observed. If competencies are marked “needs improvement,” or “not observed,” document on a separate sheet of paper the specifics of what you believe the applicant needs to be successful for each competency that is marked.**

NOTE: Instructor/Preceptor who signs this Skills Checklist and initials the “Preceptor Initials” column must be the same Instructor/Preceptor who signed the Non-Traditional/Refresher Program Preceptor Agreement.

APPLICANT NAME: _____

Attestation

I affirm that the clinical experience described on this form was conducted and completed in accordance with Colorado State Board of Nursing Rule 5.6 for Refresher Applicants. I further affirm that the clinical experience was completed under my supervision.

I declare under penalty of perjury in the second degree that the statements made herein are true and complete to the best of my knowledge.

Printed Name and Address of Instructor/Preceptor: _____

Daytime Contact Telephone Number of Instructor/Preceptor: _____

Colorado License Number: _____

Instructor/Preceptor Signature: _____
Date Signed

Student Signature: _____
Date Signed

Instructor/Preceptor should provide the original Skills Checklist in an official sealed envelope to the student for submission to the State Board of Nursing:

Division of Professions and Occupations
Office of Licensing—Nursing
1560 Broadway, Suite 1350
Denver, CO 80202