

Supervised Practice Experience Partnership (SPEP) 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 SPEP is complete, please complete and email this form to spe@cnomail.org using the subject heading SPEP COMPLETION FORM FOR ORGANIZATIONS. For this form to be accepted, all fields must be answered. Incomplete forms may cause delays in the applicant's registration process.

Please review CNO's [Privacy Policy](#) 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

Name of Preceptor

Category of Registration of Preceptor

APPLICANT SUPERVISED PRACTICE EXPERIENCE

1. Date of supervised practice experience

Start date (DD/MM/YYYY) _____
End date (DD/MM/YYYY)

Total number of hours completed

2. Category of SPEP practice

Registered Nurse

Registered Practical Nurse

3. What language did the applicant primarily use for reading, writing speaking and listening in the health care or practice setting when providing services and interacting with patients, clients and other health care professionals?

English

French

Other

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)

5. Are there any concerns regarding the applicant's ability to practice nursing safely and competently?

Yes (If yes, CNO will follow up with you for further details.)

No

I hereby certify that the information provided is accurate and complete.

Name

Signature

Date (DD/MM/YYYY)