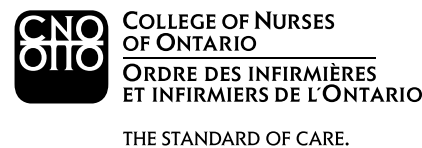


Supervised Practice Experience Partnership (SPEP) Form for Organizations



College of Nurses of Ontario
101 Davenport Rd., Toronto, ON M5R 3P1
www.cno.org

Telephone: 416 928-0900
Toll-free (Canada): 1 800 387-5526
Fax: 416 928-6507 Email: spe@cnomail.org

Instructions

1. Please save this pdf to your computer.
2. This form must be completed by the organization applying to participate in the Supervised Practice Experience Partnership for the nursing applicant
3. Once completed, save and send the form to the College of Nurses of Ontario (CNO) using the email address at the top of this form. Please add subject heading *SPEP FORM FOR ORGANIZATIONS*.
4. CNO will review the partnership form and notify the organization of approval.

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

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)

Facility Type/Practice Setting: Select one of the facility type/practice setting from the drop-down list below that is applicable to your facility/organization.

If you have selected **OTHER**: Please provide a description of the facility type/practice setting

AGREEMENT

The organization agrees to uphold the following Supervised Practice Experience partnership:

- orient the applicant to the practice setting and provide a preceptor to supervise and guide the applicant
- offer a supervised practice experience for a minimum of 140 hours where applicants can apply nursing knowledge, skill and judgement and demonstrate an understanding of their nursing accountabilities (CNO's standards)
- provide the applicant feedback and remediation opportunities
- evaluate the applicant
- confirm completion of practice experience

ADDITIONAL INFORMATION

- The organization has the right to terminate the supervised practice experience partnership at any time (e.g. because of lack of progress in the Supervised Practice Experience Partnership or for other reasons). The organization must notify CNO immediately if the supervised practice partnership is terminated at any time before completion.
- Assigned preceptor should not have any pre-existing relationships with applicant (e.g. employment, family, social/ personal, business).
- Existing materials in the practice setting should be made available to the applicant, but the applicant is responsible for obtaining any additional texts or resource materials.

Signature of primary contact

Date DD/MM/YYYY