

COMPETENCY TO PRACTICE—REGISTERED 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.colorado.gov/professions/nursing, and pursuant to section 3.4 of the Board's *Chapter I – 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.**

Refresher Program 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;

Non-Traditional Faculty agrees that its non-traditional program will provide theoretical and didactic course work to the Student in an official transcript as required by the *Chapter I – Rules and Regulations for the Licensure of Practical and Professional Nurses*;

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

INSTRUCTIONS FOR COMPLETING THIS FORM:

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

Graduates of Non-Traditional RN nursing education programs should have sections 1 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 _____ Status of License(s): _____

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

Educational degrees: _____ Yrs. clinical experience: _____

Schools attended & years graduated: _____

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

**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**

Bold Items are emphasized for graduates of Non-Traditional RN Programs

Clinical Competency	Satisfactory	Needs Improvement*	Not Observed*	Preceptor Initials
RN Provider Role				
Performs a comprehensive patient assessment in order to establish a plan of care.				
Formulates a nursing plan of care with identified outcomes in collaboration with the patient, family and the health care team.				
Demonstrates use of a broad range of information, knowledge and skills; and critical thinking in the clinical decision-making processes when providing nursing care.				
Uses the nursing process, accepted practice standards, policies and procedures and established protocols when providing patient care.				
Delegates nursing functions appropriately. <ul style="list-style-type: none"> • Within the responsibility, knowledge, skill and ability of the RN delegating. • Routine, repetitive in nature and requires no nursing judgment or intervention. • Limited to a specific delegatee, for a specific client, and within a specific time frame except for delegation (exception is for K12 school nursing) 				

APPLICANT NAME: _____

Clinical Competency	Satisfactory	Needs Improvement*	Not Observed*	Preceptor Initials
<p>Administers prescribed treatments including medications.</p> <ul style="list-style-type: none"> • Has accurate knowledge of the treatment procedure, rationale for the treatment, and expected outcome. • Skilled in safely administering the treatment. • Checks for right patient, right treatment, and right time. • Documents accurately and communicates to appropriate authority in a timely manner if patient refuses treatment, error is made, or an unpredicted event occurs. 				
<p>Includes the individual / family / group or other health care providers and assessment data in evaluating outcomes of care and revising the plan of care.</p>				
<p>Documents care provided and outcomes of care in an accurate and timely manner.</p>				
<p>Demonstrates appropriate and effective utilization of technology, analysis of information, and selection of resources in care implementation.</p>				
<p>Communicates in an accurate, clear and respectful manner with patients, families, supervisors and other health care providers.</p>				
<p>RN Teacher Role</p>				
<p>Formulates a teaching plan based on a nursing assessment and patient needs with consideration given to biological, psychological, social, spiritual, cultural, developmental, environmental and economic factors.</p>				
<p>Includes patient, family, and health care team in formulating the teaching plan.</p>				
<p>Utilizes critical thinking in making decisions on the design, content, and implementation of the teaching plan with the individual / family / group.</p>				
<p>Provides opportunities for individual, family, or group to demonstrate and receive feedback on the learning.</p>				
<p>Includes individual, family, group and health care team in the evaluation of learning outcomes as well as using established learning outcome indicators.</p>				
<p>Modifies the teaching-plan as indicated based on feedback from the evaluation and from health care team members.</p>				
<p>RN Manager Role</p>				
<p>Coordinates, organizes, prioritizes and modifies care provided for the individual / family / group or for multiple patients.</p>				

APPLICANT NAME: _____

Clinical Competency	Satisfactory	Needs Improvement*	Not Observed*	Preceptor Initials
Demonstrates delegation or elaborates a realistic and safe plan based on the unit. • Assesses the needs, the knowledge and skills of health care personnel and own ability to supervise the personnel. • Instructs personnel in the task to be performed and the limits of the task and seeks agreement from the delegatee that he or she will perform the task. • Monitors the performance of the task to ensure it was completed properly. • Documents what and to whom the task was delegated and the expectations of the personnel in regard to the task and documentation.				
Demonstrates supervision and assigning care or elaborates a realistic and safe plan based on the unit. • Assesses needs of the unit and personnel available. • Assigns care based on scope of practice. • Monitors and evaluates care provided to patients on the unit.				
Evaluates and provides feedback to care providers responsible for providing care to patients under the RN's care.				
Uses critical thinking to problem solve and find solutions for managing care to groups of patients .				
Reviews and monitors therapy and treatment plans for effectiveness, accuracy, currency, and relevancy.				
Collaborates with interdisciplinary team members in organizing care for patients.				
Uses effective communication and conflict management skills.				
Effectively promotes teamwork among health care providers.				
RN Professional Role				
Is current in knowledge of illness care and treatment trends.				
Establishes collegial relationships with health care team and fellow RNs.				
Manages time and prioritizes activities to complete assignments.				
Is a safe practitioner that practices within his or her scope of practice as defined in the Nurse Practice Act.				
Supports and advocates for patient rights.				

APPLICANT NAME: _____

Hours of Clinical Provided	Clinical hours Documented	Needs More Hours	Recommended Additional Hours	Preceptor Initials
750 hours required for Non-Licensed Practical Nurse graduates of a non-traditional program				
350 hours required for Licensed Practical Nurse applicant graduates from a RN non-traditional program				
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.

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 and the *Chapter I – Rules and Regulations for the Licensure of Practical and Professional Nurses* for graduates of Non-Traditional Education Program 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: _____

Contact Phone Number of Instructor/Preceptor _____ CO 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 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