# Supervised Practice Experience (SPE) Nurse Information Form



College of Nurses of Ontario

101 Davenport Rd., Toronto, ON M5R 3P1

[**www.cno.org**](http://www.cno.org/)

**Instructions**

* This form must be completed by the nurse applying to participate in the Supervised Practice Experience (SPE).
* Please type your responses and mail the completed form to the College of Nurses of Ontario using   
  the complete mailing address at the top of this form.

THE STANDARD OF CARE.

Telephone: 416 928-0900

Toll-free (Canada): 1 800 387-5526

Fax: 416 928-1914

Please review the *Privacy Code* on the College’s website ([**www.cno.org/privacy**](http://www.cno.org/privacy)) to understand how your personal information will be used.

## Member Information

First name Last Name

Registration number

The date I last practised nursing was:

dd/mm/yyyy

**The information provided below will be used to assess your suitability for SPE and if you are prepared to begin this process of returning to nursing practice.**

I believe I am a suitable candidate for an SPE because:

**Please check those that apply.**

The chosen practice setting for my SPE will enable me to:

Use nursing knowledge, skill and judgment

Apply relevant CNO practice standards and guidelines,

Have an impact, whether direct or indirect, on the delivery of health care services to clients

Signature:

Date:       dd/mm/yyyy