# Supervised Practice Experience (SPE) Sponsoring Organization, Nurse and Supervisor Agreement Form

College of Nurses of Ontario

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

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**Instructions**

Please type your responses and mail the completed form to, Attention: Entry to Practice Coordinator,   
College of Nurses of Ontario (CNO), using the complete mailing address at the top of this form.

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.

## SPONSOR INFORMATION

Name of facility/agency/employer

Street Address

City Postal Code

**Description of practice setting (e.g. hospital, nursing home, educational institution, nursing research lab):**

## AGREEMENT

**The parties agree that:**

(Nurse’s first and last name, registration number)

**will work, in relation to the approved Supervise Practice Experience (SPE) proposal, under supervision as a:**

Registered Nurse  Registered Practical Nurse

(name of sponsoring organization)

**will support completion of the SPE within its facility.**

(name of supervisor, protected title, CNO registration #)

**has been assigned by the sponsoring organization to supervise the nurse until completion of the SPE.**

## ADDITIONAL INFORMATION

**The nurse applying to participate in the SPE will provide the sponsoring organization with:**

* a copy of the SPE kit
* evidence of current registration in the Non-Practising Class
* evidence of professional liability protection
* other documentation as required by the sponsoring organization.

## CONDITIONS

The sponsoring organization has the right to terminate the supervised practice agreement at any time (e.g. because of lack of progress in the SPE or for other reasons). The sponsoring organization must notify CNO immediately if the supervised practice agreement is terminated at any time before completion.

The assigned supervisor should not have any pre-existing relationship with the nurse (e.g. employment, family, social/ personal, business).

The SPE is complete when both the nurse and supervisor determine the completion of the SPE. There is no minimum time frame but the SPE must be completed within six months.

The nurse must notify CNO in writing of the successful completion of the Supervised Practice Experience by using the SPE Completion Form.

Existing materials in the practice setting should be made available to the supervised nurse, but the supervised nurse is responsible for obtaining any additional texts or resource materials.

Note: The nurse should include the signed agreement form in the SPE application and mail it directly to CNO. All parties should make sure they keep a copy of this form for their records.

Signed this       day of       , 20

Sponsoring Organization Representative:

Supervisor:

Nurse: