COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Competency to Practice | Licensed Practical 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.

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.

   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 indicating completion of the Board-approved nursing education program/refresher course;
   - Obtain a completed Non-Traditional/Refresher Program Skills Checklist (attached) from your Preceptor; and
   - Submit both documents 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.

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Non-Traditional/Refresher Program | Licensed Practical Nurse

Student Name: _____
First Middle Last/Suffix

Date of Birth or Last 4 of SSN/ITIN: _____

This Agreement, by and between the Student, Instructor/Preceptor, Faculty, and Facility, is entered into for the purpose of providing clinical experience to Student. For good and valuable consideration, the parties, whose information is fully set forth below, agree as follows:

Instructor/Preceptor agrees to provide (select one):

- ☐ Clinical supervision in a traditional format with one instructor directly overseeing a small group of students.
- ☐ 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 to student;

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;

Non-Traditional Faculty* agrees that its non-traditional program will provide theoretical and didactic course work to the Student in an official transcript;

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

★ Faculty are defined as individuals meeting the requirements of the rules, designated by the governing body as having ongoing responsibility for curriculum development, planning, teaching, guiding, monitoring and evaluating student learning in the classroom and practice setting.

INSTRUCTIONS FOR COMPLETING THIS FORM: Applicants for RN licensure should have Parts 1-3 below completed by your Instructor/Preceptor. Graduates of Non-Traditional RN nursing education programs should have Parts 1 and 3 below completed by your Instructor/Preceptor:

Instructor/Preceptor Information

Instructor/Preceptor Name: _____

Title/Position: _____ Phone Number: _____

Educational Degrees: _____ Years of Clinical Experience: _____

School(s) Attended & Years Graduated: _____

License(s): State/Country	Number	Year of Issuance	Disciplinary Action?	License Status
			☐ Yes ☐ No	☐ Active ☐ Other
			☐ Yes ☐ No	☐ Active ☐ Other
			☐ Yes ☐ No	☐ Active ☐ Other

Instructor/Preceptor Signature _____ Date _____

Non-Traditional or Refresher Program/Preceptor Agreement
Practical Nurse (PN)

Applicant Name: _____

Faculty Information

Faculty Name: _____

Title: _____ Phone Number: _____

Email Address: _____

School Name: _____

School Address: _____

P.O. Box/Street City State Zip

_____

Faculty Signature Date

Facility Information

Facility Representative Name: _____

Title: _____ Phone Number: _____

Email Address: _____

Facility Name: _____

Facility Address: _____

P.O. Box/Street City State Zip

Facility Provides (check all that apply):

- ☐ Acute Care
- ☐ Sub-Acute Care
- ☐ Skilled Nursing

_____

Facility Representative Signature Date

Student Information

I confirm that the information on this form is true to the best of my knowledge.

_____

Student Signature Date

COLORADO
Department of Regulatory Agencies
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Non-Traditional/Refresher Program | Licensed Practical Nurse

Name:
First Middle Last/Suffix

Date of Birth or Last 4 of SSN/ITIN: Clinical Supervision Start Date: End Date:

Program:

Instructor/Preceptor:

Instructor/Preceptor: Mark each competency as "Satisfactory," "Needs Improvement," OR "Not Observed." All clinical competencies must be observed.

Clinical Competency				
PN Provider Role	**Satisfactory**	**Needs Improvement***	**Not Observed***	**Preceptor Initials**
Performs services under the supervision of a registered nurse, physician, dentist or podiatrist.				
Performs and accurately collects basic health assessment data on patients contributing to the comprehensive patient assessment.				
Identifies common needs and problems, recognizes normal from abnormal findings and reports changes in findings to the appropriate health care professional.				
Contributes to the nursing plan of care.				
Provides basic care to those patients with predictable outcomes.				
Administers treatments, including medications as prescribed within the plan of care. Includes the medical plan of care and the nursing plan of care and: • Has accurate knowledge of the treatment procedure, and expected outcome. • Is skilled in safely administering the treatments. • Administers the right treatment to the right patient, at the right time.				
Documents accurately and in a timely manner.				
Communicates to appropriate authority in a timely manner if patient refuses treatment, error is made, or an unpredicted event occurs.				
Uses technology, information and facility resources appropriately and effectively.				
Communicates in an accurate, clear and respectful manner with patients, families, supervisors and other Health Care Providers.				

Submit the completed form with your application.

Applicant Name:

Clinical Competency				
PN Provider Role	**Satisfactory**	**Needs Improvement***	**Not Observed***	**Preceptor Initials**
Develops and maintains appropriate relationships with patients, families, colleagues, and other health care professionals.				
Participates in the evaluation of patient outcomes and implementing necessary change.				
Assists in the formation of a teaching plan based on the needs of the patient.				
Supports and reinforces teaching as prescribed in the plan of care.				
Reports changes in individual / family / group condition in a timely manner and to the appropriate supervisor.				
PN Professional Role	**Satisfactory**	**Needs Improvement**	**Not Observed**	**Preceptor Initials**
Is current in knowledge of illness care and treatment trends.				
Promotes patient safety.				
Is a safe practitioner that practices within the PN scope of practice				
Maintains patient confidentiality.				
Protects self and patients through safe practices such as universal precautions, lifting guidelines, and self-care practices.				
When directed coordinates, organizes and prioritizes care provided for the patient.				
• Assigns care appropriately.				
• Monitors care provided by assignees.				
• Offers feedback to assignees on care provided.				
• Uses effective communication and conflict management skills.				
• Promotes teamwork.				

Submit the completed form with your application.

Applicant Name: _____

Hours of Clinical Provided	Clinical hours Documented	Needs More Hours	Recommended Additional Hours	Preceptor Initials
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 experience and supervision I have described on this form was conducted and completed in accordance with the Colorado Revised Statutes and the Colorado Board of Nursing Rules. I further affirm that the student's work toward the hours of experience was conducted and completed under my supervision.

Name: _____
First Middle Last/Suffix

Phone Number: _____ Colorado License Number: _____ Email: _____

Address: _____
P.O. Box/Street City State Zip

Attestation

By signing this application, you attest that the information contained in this application is true and correct to the best of your knowledge. False statements made on this application could result in a violation of the practice act.

Applicant Signature _____ Date _____

Instructor/Preceptor Signature _____ Date _____

Email the completed form to dora_dpo_licensing@state.co.us.

Submit the completed form with your application.