| **RN Proficient Assessor Outcome** |
| --- |
| **Assessor Only Name of Applicant:** |
| **Domain 1: Professional Responsibility** |
|  | Self- Assessment Met  | Peer Review / Senior Nurse Assessment Met | Further Evidence Required (please state if applicable) |
| Competency 1.1  | Yes / No | Yes / No |  |
| Competency 1.2 | Yes / No | Yes / No |  |
| Competency 1.3 | Yes / No | Yes / No |  |
| Competency 1.4 | Yes / No | Yes / No |  |
| Competency 1.5 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** |
| **Domain 2: Management of Nursing Care** |
| Competency 2.1 | Yes / No | Yes / No |  |
| Competency 2.2 | Yes / No | Yes / No |  |
| Competency 2.3 | Yes / No | Yes / No |  |
| Competency 2.4 | Yes / No | Yes / No |  |
| Competency 2.5 | Yes / No | Yes / No |  |
| Competency 2.6 | Yes / No | Yes / No |  |
| Competency 2.7 | Yes / No | Yes / No |  |
| Competency 2.8 | Yes / No | Yes / No |  |
| Competency 2.9 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** |
| **Domain 3: Interpersonal Relationships** |
| Competency 3.1 | Yes / No | Yes / No |  |
| Competency 3.2 | Yes / No | Yes / No |  |
| Competency 3.3 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** |
| **Domain 4: Interprofessional health care & quality improvement** |
| Competency 4.1 | Yes / No | Yes / No |  |
| Competency 4.2 | Yes / No | Yes / No |  |
| Competency 4.3 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** |

|  |
| --- |
| **Name of Applicant:** **Assessor Summary and Recommendations:** |
| **Proficient Registered Nurse Achieved? Yes / No**  | **Date:** |
| **Assessor Name:** | **Designation:** |
| **Signature:** | **Assessment Time:** |