| **Name of Applicant: PDRP Level:** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **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 | |  | |
| Competency 1.6 | 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 | |  | |
| **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** | | | | | |
| **Levels of Practice Specific Requirements (Proficient only)** | | | | | |
| Practice Change or Quality Initiative | | | Yes / No | |  |
| Teaching / Preceptorship | | | Yes / No | |  |
| In-depth Understanding – Care and Coordination | | | Yes / No | |  |
| **Levels of Practice Specific Requirements (Accomplished only)** | | | | | |
| Quality Improvement and Change Process Contribution | | | Yes / No | |  |
| Engagement and Influence – Professional Activities | | | Yes / No | |  |
| In-depth Understanding – Care and Coordination | | | Yes / No | |  |

|  |  |
| --- | --- |
| **Assessor Summary and Recommendations:** | |
| **PDRP Level Achieved? Yes / No** | **Date:** |
| **Assessor Name:** | **Designation:** |
| **Signature:** | **Assessment Time:** |