

<b>Name of Applicant:</b>		<b>PDRP Level:</b>	
<b>APC/Registration number:</b>			
<b>Domain 1: Professional Responsibility</b>			
	Self-Assessment Met	Peer Assessment/ Senior Nurse Assessment Met	Further Evidence Required (please state if applicable)
Competency 1.1			
Competency 1.2			
Competency 1.3			
Competency 1.4			
Competency 1.5			
Competency 1.6			
<b>Domain Met</b>	<b>Yes</b>	<b>No</b>	
<b>Domain 2: Management of Nursing Care</b>			
Competency 2.1			
Competency 2.2			
Competency 2.3			
Competency 2.4			
Competency 2.5			
Competency 2.6			
<b>Domain Met</b>	<b>Yes</b>	<b>No</b>	
<b>Domain 3: Interpersonal Relationships</b>			
Competency 3.1			
Competency 3.2			
Competency 3.3			
<b>Domain Met</b>	<b>Yes</b>	<b>No</b>	
<b>Domain 4: Interprofessional Health Care &amp; Quality Improvement</b>			
Competency 4.1			
Competency 4.2			
Competency 4.3			
<b>Domain Met</b>	<b>Yes</b>	<b>No</b>	
<b>Levels of Practice Specific Requirements (Proficient only)</b>			
Practice Change or Quality Initiative			
Teaching / Preceptorship			
In-depth Understanding - Care & Coordination			
<b>Levels of Practice Specific Requirements (Accomplished only)</b>			
Quality Improvement and Change Process Contribution			
Engagement and Influence – Professional Activities			
In-depth Understanding – Care and Coordination			

Assessor Summary and Recommendations

PDRP Level Achieved?

Yes

No

Date

Assessor Name

Designation

Signature

Assessment Time