| **Name of Applicant: PDRP Level:** |
| --- |
| **Domain 1: Professional Responsibility** |
|  | Self- Assessment Met | Peer Assessment / 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** |
| **Levels of Practice Specific Requirements (Proficient only)** |
| Practice Change or Quality Initiative | Yes / No |  |
| Teaching / Preceptorship / Skill Development | Yes / No |  |
| Care Coordination & Management Complex Care | Yes / No |  |
| **Levels of Practice Specific Requirements (Expert only)** |
| Integration of Acquired Nursing Knowledge (throughout portfolio) | Yes / No |  |
| Expert Knowledge and Application: Complex Care and Clinical Leadership | Yes / No |  |
| Contribution Specialty Knowledge / Innovation / Quality Improvement | Yes / No |  |
| Engagement / Influence Activities (Nursing Advocacy) | Yes / No |  |
| Responsibility for Learning / Development of Colleagues | Yes / No |  |

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