

PERSONAL DECLARATIONS BScN STUDENTS

This form is to be completed each year you are enrolled in the program.

FITNESS TO PRACTICE

I, _____, in accordance with the following definition of fitness to practice, declare that, to the best of my knowledge I have “all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs [my] ability to practice nursing” (CRNBC; CRNNS, as cited in CNA, 2017, p. 22).

I am aware that, when presenting myself to class, lab, or clinical, I am declaring my fitness to practice to my instructor.

Should I develop a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, my capacity to undertake safe, competent clinical practice at any time after the making of this declaration, I will immediately inform my instructor.

I understand that I may need to provide further documentation to the Department of Nursing Education & Health Studies, such as a medical clearance, if I have been previously unfit for practice.

_____ INITIALS

POLICE INFORMATION CHECK

I, _____, acknowledge that if, during my nursing program, I am charged or convicted of a criminal offence, it is my obligation to inform the Chairperson as soon as possible.

_____ INITIALS

Name: (print) _____

Signature: _____