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## PERSONAL DECLARATIONS PRACTICAL NURSE 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 the requisite capabilities including but not limited to the cognitive capacity, communication skills professionalism, sensory perception and physical ability as outlined in *Becoming a Licensed Practical Nurse in Canada Requisite Skills and Abilities (CCPNR, 2013)*.

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: \_\_\_\_\_

GPRC Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

### **REQUISITE SKILLS and ABILITIES**

I, \_\_\_\_\_, have read the College of Licensed Practical Nurses of Alberta (CLPNA) [Becoming a Licensed Practical Nurse in Canada Requisite Skills and Abilities \(2013\)](#). I have also identified my fit with the requirements of becoming a practical nurse.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

GPRC Student ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

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