NURSE PORTFOLIO CREDENTIALLING COMMISSION (NPCC)

PROFESSIONAL PERFORMANCE VERIFICATION & EVALUATION FORM FOR THE ACGN

**EMPLOYER/SUPERVISOR/PROFESSIONAL COLLEAGUE REVIEW**

1. Participates in practice improvement activities such as: participating actively in performance self-appraisal process and obtaining feedback from peers.

Always Consistently Sometimes Rarely Never

1. Seeks consultation and feedback from peers regarding clinical practice and role performance.

Always Consistently Sometimes Rarely Never

1. Attends conferences, grand rounds and other educational activities relevant to practice to acquire and maintain genetics knowledge.

Always Consistently Sometimes Rarely Never

1. Provides academic lectures and in-service presentations to peers and colleagues.

Always Consistently Sometimes Rarely Never

1. Provides care and services in an objective non-judgmental and non-discriminatory manner.

Always Consistently Sometimes Rarely Never

1. Professional decision-making and interactions with patients and colleagues reflect an ethical framework.

Always Consistently Sometimes Rarely Never

1. Collaborates with patient / patient’s family and other care providers in delivery of health care & services.

Always Consistently Sometimes Rarely Never

1. Assists patient and family in identifying and obtaining available and appropriate services.

Always Consistently Sometimes Rarely Never

1. Develops, conducts and /or critiques clinical research.

Always Consistently Sometimes Rarely Never

I verify, to the best of my knowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant’s name)* has performed according to the above ratings and has provided care to the clients and families documented in the accompanying case studies and case log.

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

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (in the event of validation by the NPCC):

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Length of time you have interacted professionally:

Relationship/capacity of professional interaction:

Your additional comments are welcome: