



## Request for Practice Hours Credit Form

### Preamble:

The School of Nursing views Nursing as both a profession and a discipline. This means having a commitment to lifelong learning and taking part in activities related to either Professional Development or Service. Students may apply for a maximum of eight (8) hours to count towards the currently enrolled practice course. Practice credit may be granted to students who participate in either professional development or service activities.

### Process:

Complete this application form and submit it to your practice teacher. This application will be reviewed and consultation with the Team Leader may occur. An acceptance or refusal for the event will be granted based on eligibility of the Practice Hours Credit.

### Eligibility:

The following are some examples of eligible Practice Hours:

- Workshops, in-services, conferences, or courses that are related to the area of currently assigned practice;
- Workshops may also be considered if they are related to personal career goals and development in a leadership capacity.

Please note eligibility is at the discretion of the practice teacher. The student's ability to meet practice expectations and requirements is a major criterion for approval.

### Application:

<b>Student's Name:</b>	<b>Currently Enrolled Practice Course:</b>
<b>Date of Application:</b>	<b>Number of Practice Hours:</b>
<b>Name of the Event:</b>	<b>Practice Teacher's Name:</b>
<b>Date of the Event:</b>	

*Description & Rationale for Applying:*

Practice credit cannot be assigned without documentation providing additional details:

- Please attach event brochures or supporting documentation.
- You will be expected to present/report your experience to your practice group.

\_\_\_\_\_

Approved By (Name of Practice Teacher)

\_\_\_\_\_

Date

### Post Event:

Students are required to submit a copy of their Certificate/Record of Completion & the completed portion below to his/her practice teacher before practice hours credit will be applied.

I, \_\_\_\_\_, (*coordinator/organizer of the event*) acknowledge and confirm that  
 \_\_\_\_\_ (*name of student*) has attended the above-named event for a total of \_\_\_\_\_ hours.

\_\_\_\_\_

Authorizing Signature  
Coordinator/Organizer of the Event