



**EXCELLENCE IN PRECEPTORSHIP AWARD  
NOMINATION FORM**

Please forward the completed Nomination Form to:

College of Licensed Practical Nurses of Nova Scotia,  
Suite 1212 Cogswell Tower, 2000 Barrington Street,  
Halifax, Nova Scotia B3J 3K1.

The committee prefers a typed nomination form but will accept a clearly printed document. The nomination form can be submitted via email to [info@clpnns.ca](mailto:info@clpnns.ca) Deadline for Submission: February 28<sup>th</sup>

Name of Nominee: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

The following criteria is used to select the successful Licensed Practical Nurse.

- Demonstrates a willingness to share their time and knowledge to be a preceptor
- Demonstrates outstanding clinical competence within the nursing profession
- Demonstrates a professional approach to preceptorship with colleagues and students
- Demonstrates advocacy within the preceptor relationship
- Demonstrates a supportive and collaborative approach while providing guidance to colleagues and students
- Demonstrates exemplary inter-professional communication skills

Name of Nominator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Mission:**

*In the interest of the public, the College of Licensed Practical Nurses of Nova Scotia regulates the practice of Licensed Practical Nurses in the province.*

**Vision:**

*A dynamically regulated profession committed to excellence.*

The following questions will assist the committee during the selection process. If additional space required attach a separate page.

Describe how you feel this LPN demonstrates outstanding preceptor qualities in their role.

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Describe this LPN's relationship with their colleagues/students and other members of the health care team.

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Describe a situation where you have observed this LPN demonstrating advocacy and leadership in their role as a preceptor.

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Describe a situation where you have observed this LPN demonstrating professionalism in their role as a preceptor.

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