

The College of Licensed Practical Nurses (LPNs) of Alberta (CLPNA) established the Continuing Competency Program (CCP) involving many LPNs in the development process. The CCP is a system of assessing the ongoing knowledge, skills, attitudes, and judgment of a professional practitioner by determining the level of expertise and competence actually performed on the job by the LPN. Mandatory participation in the CCP began in 2003 for LPNs in Alberta.

CLPNA is mandated to maintain and monitor a CCP as outlined in the Health Professions Act (HPA) Licensed Practical Nurse Alberta Regulation 2003, sections 22 (1-3), 23 (1-2).

The CLPNA CCP Validation Process is set in place to monitor LPN participation in the CCP. It is the professional responsibility of every LPN to take part in the components of the CCP on an annual basis. The major tool developed to assist LPNs in assessing competence is the Self Assessment Tool. LPNs must complete an annual assessment of their professional practice and submit a Learning Plan as part of registration annually. You may choose to use the Tool or you may reflect on your practice and choose your objectives from the Competency Profile based on this reflection. The CCP Validation also ensures the validity and credibility of a member's submitted CCP documents and assesses the transfer of learning for LPNs.

There is an expectation of increased rigor in the reporting process as the CCP matures and participants become more familiar with its use and value to them. It is important for LPNs to maintain their CCP documents on an ongoing basis. Although CCP Validation only examines the last two years, LPNs must keep their CCP documents for a period of five years.

How Do You Complete the Validation Process?

The CCP Validation includes the following components:

Part 1) Verification of Participation in Learning

In Part 1, you verify completion of two learning objectives (from your Self Assessment Tool and the Competency Profile in your CCP binder) on your 2007 and 2008 Learning Plan. If your learning objectives changed from those stated on your Learning Plan – please verify the learning that you completed instead.

Verification of learning can include COPIES of:

- Certificates of course completion
- In-service attendance record
- Clear documentation on “Record of Professional Activities” from CCP binder (date, hours, source) for any self-directed learning, i.e. Internet research, journal, etc.

Part 2) Transfer of Learning

This section examines how you transfer knowledge, skills, attitudes, and judgments obtained from the education you completed into your work. Please reflect on your practice prior to learning and use the rating scale to indicate how this learning has changed your on-the-job behavior.

Part 3) Impact on Practice

In Part 3, you examine the results this learning has had on your practice. Use the code and provide examples to demonstrate how your practice has changed as a result of the learning.

Part 4) Professional Declaration

The Professional Declaration is a self-declaration you complete to legally confirm your commitment to the CCP process of the College.

If you require further assistance or have questions during the Validation process, please contact the CLPNA office by phone (780) 484-8886 Extension 225, or toll free at 1-800-661-5877.

For more information on the CCP Validation process:
contact the CLPNA at 780-484-8886 or 1-800-661-5877

Please return the Validation and Evaluation forms by mail or fax to:

College of Licensed Practical Nurses of Alberta
Attn: CCP Validation
St. Albert Trail Place, 13163-146 Street
Edmonton AB T5L 4S8
FAX: 780-484-9069

The Continuing Competency Program (CCP) Validation is a four part process which includes:

- Part 1) Verification of Participation in Learning
- Part 2) Transfer of Learning
- Part 3) Impact of Learning on Practice
- Part 4) Professional Declaration

Please complete this form and return it to the CLPNA with COPIES of necessary documents by the date indicated on the attached letter.

Part 1) Verification of Participation in Learning

Complete the following chart using a maximum of **two** learning objectives from your Learning Plan for **each** of the past two years.

- ✓ If your learning objectives changed from the ones submitted on your Learning Plan please indicate what your alternate objectives were and how these were met.
- ✓ **Attach verification of learning** which may include COPIES ONLY of: certificates of completion, documentation from employer, or a copy of your completed "Record of Professional Activities" (these will not be returned).

Year	Learning Objectives / Competency Number (i.e., W-5)	Resources & Strategies used to complete (i.e., list employer in-services, newsletters, completed course, website, etc.)	Date Completed (i.e., list dates for each item)	OFFICE USE ONLY Verification enclosed
2007				
2007				
2008				
2008				

Part 2) Transfer of Learning

Using the scale below, measure the personal impact of the learning you noted in Part 1. Ask yourself, "How has this learning affected me?"

Use the coding scale to indicate how you have transferred the learning into your on-the-job behavior.

- 1=change in attitude, perception, or awareness
- 2=review of knowledge / update / refresher
- 3=new or enhanced knowledge and/or skills
- 4=confirmed competence / no change necessary in practice

Year	Learning Objective (i.e., W-5, from CCP Binder)	Coding of outcome of learning (circle one only)
2007		1 2 3 4
2007		1 2 3 4
2008		1 2 3 4
2008		1 2 3 4

Part 3) Impact of Learning on Practice

Reflect on your learning and assess the impact this learning has had on your professional practice. Using the chart below, select the code that best describes the impact of your learning and provide a brief example of how you determined this score.

- 1=Very little change in my knowledge or practice
- 2=This learning enhanced my professional knowledge, skill, and/or attitude
- 3=I have shared the new information with colleagues and clients
- 4=Feedback from clients or others has confirmed a positive impact of learning on my practice

Year	Learning Objective (i.e., W-5, from CCP Binder)	Coding of impact of learning on practice (i.e., 3)	Examples - give a detailed explanation of how your practice has changed (or not changed) as a result of this learning.
2007			
2007			
2008			
2008			

Part 4) Professional Declaration

I DECLARE:

I formally assess my practice annually. Yes No

I assess my competence in all areas in which I practice. Yes No

I engage in activities that address my learning needs each year. Yes No

I practice in accordance with the Health Professions Act and the LPN Regulation. Yes No

I maintain my professional practice within the CLPNA Standards of Practice. Yes No

I adhere to the CLPNA Code of Ethics. Yes No

I am self-employed and adhere to Infection Prevention & Control Standards. Yes No

I DECLARE THAT STATEMENTS MADE BY ME ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

Print Name: _____ Registration #: _____

Signature: _____ Date: _____

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FAX: 780-484-9069



Continuing Competency Program Validation EVALUATION

Please complete the evaluation and return with your CCP Validation package by the date indicated on the attached letter. Your feedback and suggestions are essential to maintain the integrity and clarity of the CCP documents. Confidentiality of your response will be maintained.

1. Approximately, how much time did it take you to complete the Validation? Please check the time frame.

- less than 1 hour
- 1 – 1 ½ hours
- 2 - 4 hours
- Other, please specify: _____

2. Do you use the Competency Profile and/or Self-Assessment tool as part of your annual self-assessment?

- Yes
- No

3. Are Parts 1 to 4 of the Validation clear, concise, easy to follow?

Part 1) Verification of Participation in Learning

- Yes
- No

IF "NO", please explain:

Part 2) Transfer of Learning

- Yes
- No

IF "NO", please explain:

Part 3) Impact of Learning on Practice

- Yes
- No

IF "NO", please explain:

Part 4) Professional Declaration

- Yes
- No

IF "NO", please explain:

4. What information may have assisted you through this process?

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