

**Clinical Attestation Form**

For Nurse Practitioner (NP) and Post-Master's Diploma (PMD) Applicants

**Applicant Name:** \_\_\_\_\_**Supervisor Name:** \_\_\_\_\_**Supervisor's Title/Role:** \_\_\_\_\_**Facility Name & Address:** \_\_\_\_\_**Section 1: Supervisor's Verification of Direct Clinical Experience****I confirm that the applicant has completed:**

Total RN Clinical Hours (last 5 years): \_\_\_\_\_

Total Direct RN Hands-On Patient Care Hours: \_\_\_\_\_ (minimum 3,500 required)

- Direct patient care includes comprehensive assessments, hands-on treatments, clinical decision-making, and patient management. Supervisory, administrative, or educator roles alone do not qualify as direct clinical care experience.

**Section 2: Clinical Competency Evaluation**

Please evaluate the applicant's clinical competencies based on your direct observation using the scale below:

Competency Area	Not observed	Needs Improvement (1)	Developing (2)	Competent (3)
Performs comprehensive physical assessments				
Provides hands-on patient care (e.g., treatments, procedures)				
Engages in clinical decision-making				
Demonstrates strong critical thinking/problem-solving				
Communicates effectively within the healthcare team				

**Scoring Guide**

N/A - Not Observed: No opportunity to observe this competency.

1 - Needs Improvement: The applicant struggles with this competency and requires significant improvement.

2 - Developing: The applicant demonstrates some ability but requires further development.

3 - Competent: The applicant meets expectations for this competency and performs at an acceptable level.

**Comments (optional):**

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**I confirm that the information provided in this attestation is accurate and that I have directly observed/supervised the applicant in their clinical role.**

**Supervisor's Signature:** \_\_\_\_\_

**Date:**

**Supervisor's Email:** \_\_\_\_\_

**Supervisor's Phone Number:** \_\_\_\_\_

For more information on NP program admissions, see the [Athabasca University](#) website.

