
PERSONAL DECLARATIONS PRACTICAL NURSING STUDENTS

FITNESS TO PRACTICE

I, _____ in accordance with the following definition of fitness to practice, declare that, to the best of my knowledge, I have the physical, mental and emotional health to provide safe, competent and ethical nursing care as outlined in the [LPN Professional Responsibility and Accountability Policy \(2024\)](#).

I am aware that, when presenting myself to class, lab, or clinical, I am declaring my fitness to practice to my instructor.

Should I develop a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, my capacity to undertake safe, competent clinical practice at any time after the making of this declaration, I will immediately inform my instructor.

I understand that I may need to provide further documentation to the Department of Practical Nurse and Health Care Aide, such as a medical clearance, if I have been previously unfit for practice. I understand that this declaration is for the duration of the program.

_____ INITIALS

POLICE INFORMATION CHECK

I, _____, acknowledge that if, during my nursing program, I am charged or convicted of a criminal offence, it is my obligation to inform the Chairperson as soon as possible.

_____ INITIALS

Name: (print) _____

Signature: _____

NWP Student ID Number: _____

Date: _____

REQUISITE SKILLS and ABILITIES

I, _____ have read the [College of Licensed Practical Nurses of Alberta \(CLPNA\) Professional Responsibility and Accountability](#). I have also identified my fit with the requirements of becoming a practical nurse.

Name: (print) _____

Signature: _____

NWP Student ID Number: _____

Date: _____