



BSN Program Requirement | Procedure

Out-of-Region Practice Placement Application

- Applicants for Out-of-Region (OOR) placements must meet the criteria outlined in the Out-of-Region Practice Placement Experience Standard*

Application Process

- Students wishing to complete fourth-year preceptorships in a facility beyond a 100 km radius from UBC Okanagan must complete the Preference Request Form. This is circulated in June of each year by the Nursing Practice Placement Coordinator (NPPC).
 - Late submissions of the Preference Request Form will not be accepted.
 - It is strongly suggested that all students have a conversation with their NRS 337 practice teacher at mid-term regarding their ability and suitability to practice competently out of region.
- Students must submit a completed out of region checklist (see page 2) to the NPPC no later than 72 hours after the completion of their NRS 337 final evaluation and receipt of their PAF. The package must include the following:
 - An informal transcript
 - A photocopy, with expiration date and/or certification date visible, of current CPR HCP with AED.
 - A curriculum vitae and cover letter that address why the student is interested in this placement. Include specific learning goals the student will work towards achieving.
- Once received, the application package will be reviewed by the NPPC in consultation with the Team Leaders and Assistant Director.
- Students will be interviewed by the NPPC, to determine suitability for Out of Region practice.
- Students will be notified electronically of the decision by the NPPC. **All decisions are final and there is no option for appeal.**

Additional Student Responsibilities

Dependent on the placement location and agency, additional insurance and license registration may be required. Students will be responsible for any additional fees incurred for these components. Students are also responsible for all related costs associated with living and travel arrangements. Students must be aware that these placements may not be confirmed within the usual placement timeframe and students may not receive confirmation until a couple of weeks before the placement start date. Students are advised not to move out of region or make travel/living arrangements until they have been notified, in writing, of the accepted and confirmed placement request.

Review Labs and Simulation

Attendance of the Year 4 review lab and/or simulation is mandatory, and must be completed prior to the start of the practice courses. Refer to the [Out of Region Practice Placement Experiences Standard](#) for more information.



Out of Region Checklist

Instructions for Completion:

Submit all documentation using this checklist as a cover page as one complete package to the Nursing Practice Placement Coordinator by the due date on page 1 of this document.

Check Box When Complete	
<input type="checkbox"/>	I have reviewed the Out of Region Practice Placement Experience Standard and I am eligible to apply.
<input type="checkbox"/>	I have submitted the Semester VIII preference request form <ul style="list-style-type: none"> • <u>On time</u> and • Had a conversation with my NRSG 337 practice teacher during the midterm evaluation.
<input type="checkbox"/>	Informal transcript attached. (Minimum cumulative average: 80%).
<input type="checkbox"/>	Photocopy, with certification date and/or expiry date visible of CPR HCP with AED attached.
<input type="checkbox"/>	Current curriculum vitae attached.
<input type="checkbox"/>	Cover letter with specific learning goals for the placement experience attached.
<input type="checkbox"/>	By checking this box, I commit to be in attendance for the review lab.
<input type="checkbox"/>	I agree to complete any additional modules required for an OOR placement.

Applicant Name	Click to Add Applicant Name	
I am applying for a practice experience in:	NRSG 431	NRSG 434, 436, 437, 438
	Click to Add Health Authority & Focus (Medical or Surgical)	Click to Add Health Authority & Focus (Medical or Surgical)

For office use only:

Application Reviewed <input type="checkbox"/>	Interview Date: Comments:
Signature if applicant successful and notified of decision:	_____ Nursing Practice Placement Coordinator