**INSTRUCTIONS**

**SECTION ONE: Introduction**

Your portfolio introduction should:

1. Include your Impact Statement
2. Include a Table of Contents
3. Introduce the sections
4. Provide additional information you wish to share with the assessors

**SECTION TWO: Competency Tables / Use of Template**

For each competency, provide a summary of your experience related to this competency. Then identify three activities that relate to the competency, as they pertain to the context of your advanced practice work and expertise. Provide a rationale for including each activity as part of your scope of practice with respect to this competency, and a brief list of the knowledge and skills gained through engagement in this element.

Provide 3-5 elements under each activity, each of which must be substantiated by at least one piece of evidence. In many cases, multiple pieces of evidence will help to reinforce the nature, scope and impact of the activity. If the validity of the evidence is not self-evident based on established practices or standards, please include validation through third-party evidence (external expert authentication of the activity).

**SECTION THREE: Evidence**

All evidence should be named according to the following file naming format.

Example: John Doe took a course on how to conduct a survey, and the transcript for the course was his forth piece of evidence submitted.

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| **Information included in the file name format** | **Example:** |
| * Your initials * The evidence number (EV##) * A brief description of type of evidence | * **J**ohn **D**oe * **Ev**idence number **04** (4th submitted) * Type of evidence (**transcript** from course) |
|  | **Example File Name:** JD-EV04-transcript |

***Example and References for Portfolio Template Use***

*(For the competency fields below, use the respective number and text from the Profile)*

**Competency number**: Example: “*C1*”

**Competency**: Example “Ensure that all relevant patient information is available for clinical decision making”

**Summary of Experiences**: Refer to portfolio guide, Section 2.a “Summary of Experiences”

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| **Activity** | |
| **Date / Date Range**:  Enter date(s) activity occurred | **Description of Activity**: Refer to portfolio guide, Section 2.b “Specific Activities” |
| **Rationale for Inclusion**: Refer to portfolio guide, Section 2.b “Specific Activities” | |
| **List of Knowledge/Skills Gained**: Refer to portfolio guide, Section 2.b “Specific Activities” | |

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| **Element of Activity** | |
| **Description of Element**: Refer to portfolio guide, Section 2.c “Elements” | |
| **Explanation**: Refer to portfolio guide, Section 2.c “Elements” | |
| **Evidence File Name**:  Refer to portfolio guide, Section 3 “Naming Files” | **Type of Evidence**:  Refer to portfolio guide, Section 3 “Types of Evidence” |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Refer to portfolio guide, Section 3 “Third-party Evidence” |

**Core CLINICAL Competency**

**Competency number**: Click here to enter text.

**Competency**: Click here to enter text.

**Summary of Experiences**: Click here to enter text.

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| **Activity** | |
| **Date / Date Range**:  Click here to enter text. | **Description of Activity**: Click here to enter text. |
| **Rationale for Inclusion**: Click here to enter text. | |
| **List of Knowledge/Skills Gained**: Click here to enter text. | |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

**Core TECHNICAL Competency**

**Competency number**: Click here to enter text.

**Competency**: Click here to enter text.

**Summary of Experiences**: Click here to enter text.

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| **Activity** | |
| **Date / Date Range**:  Click here to enter text. | **Description of Activity**: Click here to enter text. |
| **Rationale for Inclusion**: Click here to enter text. | |
| **List of Knowledge/Skills Gained**: Click here to enter text. | |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

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| --- | --- |
| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
| **Evidence File Name**:  Click here to enter text. | **Type of Evidence**:  Click here to enter text. |
| **3rd Party evidence submitted:**  **Yes**  **No** | **Rationale for inclusion of 3rd Party evidence (if included)**:  Click here to enter text. |

**Core PROFESSIONAL Competency**

Research/Evidence-Based Practice  Leadership  Education

**Competency number**: Click here to enter text.

**Competency**: Click here to enter text.

**Summary of Experiences**: Click here to enter text.

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| **Activity** | |
| **Date / Date Range**:  Click here to enter text. | **Description of Activity**: Click here to enter text. |
| **Rationale for Inclusion**: Click here to enter text. | |
| **List of Knowledge/Skills Gained**: Click here to enter text. | |

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| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
| **Explanation**: Click here to enter text. | |
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| --- | --- |
| **Element of Activity** | |
| **Description of Element**: Click here to enter text. | |
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