

**BLUEPRINT FOR THE  
CANADIAN NURSE PRACTITIONER LICENSURE EXAM**

**in effect  
January 2026**

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## INTRODUCTION

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Each provincial and territorial nursing regulatory authority is responsible for ensuring that graduates of nurse practitioner programs in Canada — as well as those educated in other countries who apply for registration as nurse practitioners within its jurisdiction — meet an acceptable level of competence before they begin to practise. The level of competence of nurse practitioners is measured in part by a licensure exam, which is administered by provincial and territorial nursing regulatory authorities. Measure Learning develops examination questions used in the examination by working in collaboration with the regulatory authorities and nurse practitioners across Canada. The nurse practitioners, nominated by the regulatory authorities, serve as the content experts in developing and validating the examination.

Registration/licensure examinations have a well-defined purpose: to protect the public by ensuring that those who are licensed to practise possess sufficient knowledge and skills to perform important occupational activities safely and effectively. In the case of the Canadian Nurse Practitioner Licensure Exam, the purpose is to protect the public by ensuring that the entry-level nurse practitioner possesses the practice statements required to practise safely, effectively and ethically.

The primary function of the examination Blueprint is to describe how the examination is developed. Specifically, this Blueprint provides explicit instructions and guidelines on how the practice statements (i.e., knowledge, skills, attributes and judgments) are to be expressed within the examination to enable accurate decisions to be made on a candidate's readiness to practise safely, effectively and ethically.

## **NURSE PRACTITIONERS**

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Nurse Practitioners (NPs) are Registered Nurses (RNs) with additional experience and nursing education at the Master's level, which enables them to autonomously diagnose and manage care across the life span in all practice settings. As advanced practice nurses, they use their in-depth knowledge and experience to analyze, synthesize and apply evidence to make decisions. They apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential services grounded in professional, ethical and legal standards within a holistic model of care. Nurse Practitioners work across all domains of practice. They provide leadership and collaborate within and across communities, organizations and populations to improve health and system outcomes. In some settings, Nurse Practitioners assume the role as the most responsible provider.

# TECHNICAL SPECIFICATIONS

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This section contains the technical specifications used to guide the development of the examination. It describes the guidelines followed in addressing the structural and contextual variables of the examination.

**Structural variables** include characteristics of the examination that determine its general design and appearance: length of the examination, question presentation and format, taxonomy of cognitive ability upon which the examination questions focus, and weightings of the competency categories.

**Contextual variables** qualify the content domain by specifying the nurse practitioner contexts in which the questions will be set: health-care client, lifespan, health situation/focus, diversity and practice environment.

## Structural Variables

### 1. Examination Length

The examination will consist of approximately 180–185 multiple-choice questions. Of these, 160–165 will count toward the candidate’s total score. The remaining 20–25 questions are presented experimentally and will not count toward the candidate’s total score. An examination of 180–185 multiple-choice questions is sufficient to make both reliable and valid decisions about a nurse practitioner’s readiness to practise safely, effectively and ethically.

### 2. Question Format and Presentation

The examination’s multiple-choice questions will be presented either as case-based questions or independent questions. Case-based questions will include a set of approximately three to five questions associated with a brief health-care scenario. Independent questions will contain enough information necessary to answer the question. Table 1 shows the percentage of questions by presentation.

**Table 1: Percentage of Questions by Presentation**

Presentation	Percentage of Questions
Case-based questions	30–35%
Independent question	65–70%

### 3. Percentage of Questions by Taxonomy of Cognitive Ability

To ensure that the practice statements are measured at various levels of cognitive ability, each question on the examination is classified into one of three levels: knowledge/comprehension, application or critical thinking.<sup>1</sup> Table 2 shows the percentage of questions by level of cognitive ability.

**Table 2: Percentage of Questions by Taxonomy of Cognitive Ability**

<b>Taxonomy of Cognitive Ability</b>	<b>Percentage of Questions</b>
Knowledge/Comprehension	Maximum of 5%
Application	Minimum of 35%
Critical Thinking	Minimum of 50%

#### *Knowledge/Comprehension*

The knowledge/comprehension level combines the ability to recall previously learned material with the ability to understand its meaning. It includes such cognitive abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of medications to prevent adverse drug interactions when prescribing).

#### *Application*

The application level refers to the ability to apply knowledge and learning to new or practical situations. It reflects the entry-level nurse practitioner's ability to apply rules, methods, principles and theories in different practice situations (e.g., applying principles of drug administration and concepts of comfort and safety).

#### *Critical Thinking*

The critical thinking level deals with higher-level thinking processes. It includes the ability of entry-level nurse practitioners to judge the relevance of data, to deal with abstractions, and to use clinical reasoning and inquiry along with an evidence-informed approach to solve problems (e.g., identifying priorities of care, evaluating the effectiveness of nurse practitioner actions). The entry-level nurse practitioner should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

### 4. Question Types

The examination will primarily employ multiple choice items but may also include a range of other question types that could include audio, video and other workplace materials.

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<sup>1</sup> Classification system modified from B. S. Bloom (Ed.). (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain*. New York: David McKay.

## 5. Practice Statements by Domain

Table 3 presents the number of examination practice statements and the percentages of questions in each of the domains. These practice statements are based on the Canadian Council of Registered Nurse Regulators (CCRNRR) 2024 Practice Analysis Study of Nurse Practitioners, available at <http://www.ccrnr.ca/nurse-practitioners.html>.

**Table 3: Weighting of Practice Statements by Domain**

Domain	Number of Practice Statements	Percentage of Questions
<b>Domain Area I: Clinician</b>		<b>60–80%</b>
A. Assessment	17	25–35%
B. Diagnosis	4	8–12%
C. Management	16	20–30%
D. Counselling	12	5–10%
E. Transition of Care, Discharge Planning and Documentation	17	5–10%
<b>Domain Area II: Quality Improvement and Research/Scholar</b>	<b>6</b>	<b>5–10%</b>
<b>Domain Area III: Leader</b>	<b>4</b>	<b>5–10%</b>
<b>Domain Area IV: Educator</b>	<b>3</b>	<b>3–7%</b>
<b>Domain Area V: Advocate</b>	<b>6</b>	<b>7–12%</b>
<b>Total</b>	<b>85</b>	<b>100%</b>

## Contextual Variables

Contextual variables qualify the content domain by specifying the nurse practitioner contexts in which the examination questions will be set. They include health-care client, lifespan, health situation/focus, diversity and practice environment.

### 1. Health-Care Client

The examination will include questions pertaining to 1) individuals, 2) families, and 3) groups, populations and communities. Most questions on the examination will target individuals.

### 2. Lifespan

The examination will include questions related to the lifespan, from preconception through to advanced age, including end of life. Questions will reflect health situations relevant to all life phases:



- the period between preconception and birth
- newborn and infants (birth to 12 months)
- young child (1–6 years)
- older child (7–12 years)
- adolescent (13–18 years)
- young adult (19–35 years)
- middle adult (36–64 years)
- older adult (65–79 years)
- adult of advanced age (80+ years)

The distribution of the examination questions may be guided by the demographics of clients (e.g., projections of Canadian population statistics by age). Ongoing reference to current population trends (e.g., health services utilization statistics and nursing policy documents) and the practice statements will inform the development and revision of examination questions.

### **3. Health Situation/Focus**

Nurse practitioners provide health-care services to address health needs that are acute, chronic and emergent/urgent. These services also include health promotion and illness and injury prevention. From this context, the examination will include questions on the body systems or aspects of health identified under, but not limited to, the following areas:

- |   |  |
|---|--|
| • head, eyes, ears, nose, neck and throat | • oncology   |
| • integumentary system                    | • pre-natal/perinatal/post-natal                   |
| • respiratory system                      | • nutrition/hydration                              |
| • gastrointestinal system                 | • physical function and mobility                   |
| • cardiovascular system                   | • developmental delays/specific learning disorders |
| • genitourinary system                    | • acute and/or chronic pain                        |
| • musculoskeletal system                  | • cognition/decision-making                        |
| • neurological system                     | • violence, abuse or neglect                       |
| • endocrine system                        | • emergencies                                      |
| • hematopoietic system                    | • palliative                                       |
| • immune/lymphatic system                 | • end of life                                      |
| • mental health and substance use         |  |
| • infectious/communicable diseases        |  |
| • sexual/reproductive health              |  |

### **4. Diversity**

The examination questions will reflect the diversity inherent in populations and are intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and

practices. The questions will not evaluate candidates' knowledge of specific values, beliefs and practices linked to individuals. Cultural issues are integrated within the questions.

## **5. Practice Environment**

The practice environment of nurse practitioners can be any setting or circumstance within which advanced nursing is practised. Most of the practice statements are not setting dependent. The health-care environment will be specified where necessary.

## **CONCLUSION**

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The *Blueprint for the Canadian Nurse Practitioner Licensure Exam (2026)* is the product of a collaborative effort between the regulatory authorities who may use the examination and Canadian nurse practitioners. Their efforts have resulted in a compilation of the practice statements required of the entry-level nurse practitioner and of the guidelines on how the practice statements will be measured on the examination (see Table 4).

Nurse practitioner practice will continue to evolve. As this occurs, the Blueprint (i.e., the practice statements identified for examination purposes and the test development guidelines) may require revision to accurately reflect the scope of practice, roles and responsibilities of the entry-level nurse practitioner. The examination will be regularly reviewed and revised to ensure relevance to nurse practitioner practice and to respond to changes in the Canadian health-care environment, progress in evidence-based knowledge, and changing Canadian demographics.

**Table 4: Summary Chart: Canadian Nurse Practitioner Licensure Exam (2026–2030)**

STRUCTURAL VARIABLES		
Examination length	180–185 questions	
Experimental questions	Some questions on the examination are experimental and will not count toward a candidate's total score. Although most of these questions will be multiple-choice, other item formats may be used.	
Question format	The examination will primarily employ multiple choice questions but may also include a range of item types such as audio, video and other workplace materials.	
Presentation	Case-based questions	30–35%
	Independent questions	65–70%
Questions by Domain	<b>Domain Area I: Clinician</b>	<b>60–80%</b>
	A. Assessment	25–35%
	B. Diagnosis	8–12%
	C. Management	20–30%
	D. Counselling	5–10%
	E. Transition of Care, Discharge Planning and Documentation	5–10%
	<b>Domain Area II: Quality Improvement and Research/Scholar</b>	<b>5–10%</b>
	<b>Domain Area III: Leader</b>	<b>5–10%</b>
Percentage of questions by taxonomy of cognitive ability	<b>Domain Area IV: Educator</b>	<b>3–7%</b>
	<b>Domain Area V: Advocate</b>	<b>7–12%</b>
	Knowledge/Comprehension	Maximum of 5%
	Application	Minimum of 35%
	Critical Thinking	Minimum of 50%
CONTEXTUAL VARIABLES		
Health-care client	Individuals Families Groups, populations and communities	
Lifespan	The examination will include questions related to the lifespan, from preconception through to advanced age, including end of life. Examination questions for the entry-level nurse practitioner examination will reflect health situations relevant to the life phases.	

Health situation/focus	<p>Nurse practitioners provide health-care services to address health needs that are acute, chronic and emergent/urgent. These services also include health promotion and illness and injury prevention. From this context, the examination will include questions on the body systems or aspects of health identified under, but not limited to, the following areas:</p> <ul style="list-style-type: none"> <li>• head, eyes, ears, nose, neck and throat</li> <li>• integumentary system</li> <li>• respiratory system</li> <li>• gastrointestinal system</li> <li>• cardiovascular system</li> <li>• genitourinary system</li> <li>• musculoskeletal system</li> <li>• neurological system</li> <li>• endocrine system</li> <li>• hematopoietic system</li> <li>• immune/lymphatic system</li> <li>• mental health and substance use</li> <li>• infectious/communicable diseases</li> <li>• sexual/reproductive health</li> <li>• oncology</li> <li>• pre-natal/perinatal/post-natal</li> <li>• nutrition/hydration</li> <li>• physical function and mobility</li> <li>• developmental delays/specific learning disorders</li> <li>• acute and/or chronic pain</li> <li>• cognition/decision-making</li> <li>• violence, abuse or neglect</li> <li>• emergencies</li> <li>• palliative</li> <li>• end of life</li> </ul>
Diversity	<p>The examination questions will reflect diversity inherent in populations and are intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. The questions will not evaluate candidates' knowledge of specific values, beliefs and practices linked to individuals. Cultural issues are integrated within the questions.</p>
Practice environment	<p>The practice environment of nurse practitioners can be any setting or circumstance within which advanced nursing is practised. Most of the practice statements are not setting dependent. The health-care environment will be specified where necessary.</p>

## GLOSSARY OF TERMS

### **Adherence**

An active choice of clients to follow through with the prescribed treatment while taking responsibility for their own well-being.

### **Advocate**

To actively support a right and good cause; to support others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.

### **Client**

The person, patient or resident who benefits from nursing care. A client may be an individual, a family, a group, a community or a population.

The entry-level nurse practitioner is prepared to practice safely, competently, compassionately and ethically:

- with all people across the lifespan
- with all clients — individuals, families, groups, communities and populations
- in all practice settings
- across all domains of practice

### **Collaboration**

The joint communication and decision-making processes among the client, nurse practitioner and other members of a health-care team who work together to use their separate and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward identified health outcomes while respecting the unique qualities and abilities of each member of the group or team.

### **Collaborate**

Building consensus and working together on common goals, processes and outcomes.

### **Complementary and Alternative Therapies**

Those modalities or interventions that complement mainstream medicine and are used to address clients' health needs across the continuum of health care and are not met by conventional approaches. Complementary therapies tend to be those that are used *alongside* traditional health care, while alternative therapies tend to be those used *in place of* traditional health care.

### **Consultation**

Seeking the advice of others who have the required expertise.

**Cultural Safety**

A manner that affirms, responds to and fosters the cultural expression of clients, and addresses power relationships between the service provider and the people who use the service. This usually requires nurses to have undertaken a process of reflection on their own cultural identity and to have learned to practise in a way that affirms the culture of clients and nurses. Unsafe cultural practice is any action that demeans, diminishes or disempowers the cultural identity and well-being of people.

**Determinants of Health**

Definable entities that are associated with or induce health outcomes. These entities include health behaviours, lifestyles and coping abilities, biology, gender and genetics, income and social status, culture, education, employment and working conditions, access to appropriate health services, and the physical environment.

**Diversity**

The variation between people in terms of a range of factors such as ethnicity, national origin, race, gender, ability, age, physical characteristics, religion, values, beliefs, sexual orientation, socioeconomic class or life experiences.

**Entry-Level**

A nurse practitioner is considered “entry-level” on initial registration or licensure. Their practice draws on a theoretical and experiential knowledge base shaped by their RN practice and their NP education program.

**Evidence-Informed Practice**

An approach to decision-making in which the clinician conscientiously integrates critically appraised evidence, clinical practice experience and knowledge of contextual factors in consultation with the client to decide upon the option that best suits the client. Evidence may include, but is not limited to, published and grey literature research, clinical practice guidelines, consensus statements, clinical experts, quality assurance and client safety data.

**Health**

A state of complete physical, mental (spiritual) and social well-being, not merely the absence of disease.

**Health Information Custodian**

A health-care practitioner or person who operates an organization that provides health care to an individual and has custody or control of their personal health information.

**Leadership**

Demonstration of collaborative leadership within the health-care system. NPs strive for a culture of excellence and facilitate the development of effective teams and communication within complex health systems.

**Leadership in Place**

Leadership in Place departs from the academic view that leadership flows from a leadership hierarchical position, and instead embraces a more lateral view where leadership roles are available to everyone.

**Standard**

An authoritative statement that describes the required behaviour of every nurse practitioner and is used to evaluate individual performance.

**Virtual Care**

Virtual Care is any interaction between a patient and health-care practitioner that does not involve direct contact. Virtual care includes video visits, telephone consultations and secure messaging (text messaging or emailing with a practitioner).

# APPENDIX A: CANADIAN NURSE PRACTITIONER LICENSURE EXAM PRACTICE STATEMENTS

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## DOMAINS

### Preamble

Nurse Practitioners (NPs) are Registered Nurses (RNs) with additional experience and nursing education at the Masters level, which enables them to autonomously diagnose and manage care across the life span in all practice settings. As advanced practice nurses, they use their in-depth knowledge and experience to analyze, synthesize, and apply evidence to make decisions. They apply theory and knowledge from nursing and other disciplines to provide a comprehensive range of essential services grounded in professional, ethical, and legal standards within a holistic model of care. Nurse Practitioners work across all domains of practice. They provide leadership and collaborate within and across communities, organizations, and populations to improve health and system outcomes. In some settings, Nurse Practitioners assume the role as the most responsible provider.

## DOMAIN AREA I. CLINICIAN

*Entry-level nurse practitioners (NPs) deliver safe, competent, compassionate, and ethical care with diverse populations and in a range of practice settings. NPs ground their care in evidence-informed practice and use critical inquiry in their advanced diagnostic and clinical reasoning.*

### A. Assessment

<b>1. Establish the reason for the client encounter</b>	
a. Ask pertinent questions to establish the presenting issues	I.A.1.a
b. Evaluate information relevant to the client's presenting concerns	I.A.1.b
c. Prioritize routine, urgent, emergent and life-threatening situations	I.A.1.c
d. Perform initial assessment of the client's condition	I.A.1.d

  

<b>2. Obtain informed consent according to legislation and regulatory requirements</b>	
a. Support client to make informed decisions, discussing risks, benefits, alternatives and consequences	I.A.2.a
b. Obtain informed consent for the collection, use and disclosure of personal and health information	I.A.2.b



<b>3. Use critical inquiry to analyze and synthesize information to identify client needs, and to inform assessment and diagnosis</b>		
a.	Integrate information specific to the client's biopsychosocial, behavioural, cultural, ethnic, spiritual, circumstances, current developmental life stage, gender expression and social determinants of health considering epidemiology and population-level characteristics	I.A.3.a
b.	Integrate findings from past and current health history and investigations	I.A.3.b
c.	Apply current, credible, and reliable research, literature and standards to inform decision-making	I.A.3.c
d.	Incorporate pharmacological history	I.A.3.d
e.	Integrate client's wishes and directions related to advanced care planning, and palliative and end-of-life care	I.A.3.e

<b>4. Conduct an assessment that is relevant to the client's presentation to inform diagnostic decisions</b>		
a.	Determine the need for conducting a focused or comprehensive assessment	I.A.4.a
b.	Conduct an assessment using valid and reliable techniques and tools	I.A.4.b
c.	Conduct an assessment with sensitivity to client's culture, lived experiences, gender identity, sexuality and personal expression	I.A.4.c
d.	Conduct a mental health assessment, applying knowledge of emotional, psychological and social measures of well-being	I.A.4.d
e.	Conduct a review of systems to identify pertinent presenting findings	I.A.4.e
f.	Order and perform screening and diagnostic investigations, applying principles of resource stewardship	I.A.4.f

## B. Diagnosis

<b>1. Integrate critical inquiry and diagnostic reasoning to formulate differential and most likely diagnoses</b>		
a.	Interpret the results of investigations	I.B.1.a
b.	Formulate differential diagnoses	I.B.1.b
c.	Ascertain the client's understanding of assessment findings, diagnosis, anticipated outcomes and prognosis	I.B.1.c
d.	Determine the most likely diagnoses based on clinical and diagnostic reasoning	I.B.1.d

## C. Management

<b>1. Use clinical reasoning to create a care plan based on diagnoses and the client's informed consent, preferences and goals</b>		
a.	Examine, and explore with the client, options for managing the diagnoses	I.C.1.a
b.	Consider availability, cost, determinants of health, clinical efficacy, and potential client adherence to determine feasibility and sustainability of the care plan	I.C.1.b
c.	Address barriers that interfere with client's goals	I.C.1.c
d.	Determine and prioritize interventions integrating client goals and preferences, resources, and clinical urgency	I.C.1.d
e.	Provide and seek consultation from other professionals and organizations to support the care plan	I.C.1.e
<b>2. Prescribe and counsel clients on pharmacological and non-pharmacological interventions, across the life span</b>		
a.	Complete accurate prescriptions in accordance with applicable jurisdictional and organizational requirements	I.C.2.a
b.	Select evidence-informed pharmacological interventions based on diagnoses, concurrent client therapies, and available medication history, using drug-information systems	I.C.2.b
c.	Complete medication reconciliation to make clinical decisions based on an analysis of the client's current pharmacological and non-pharmacological therapy	I.C.2.c
d.	Analyze polypharmacy to identify unnecessary and unsafe prescribing, and deprescribing where possible	I.C.2.d
e.	Incorporate principles of pharmacological stewardship	I.C.2.e
f.	Establish a monitoring plan for pharmacological and non-pharmacological interventions	I.C.2.f
g.	Counsel client on indications, benefits, cost, potential adverse effects, interactions, contraindications, precautions, adherence, required monitoring and follow-up	I.C.2.g
<b>3. Perform invasive and non-invasive interventions as indicated by the care plan</b>		
a.	Explain procedures, including indications, potential risks and benefits, adverse effects, anticipated aftercare and followup care	I.C.3.a
b.	Perform procedures using evidence-informed techniques	I.C.3.b
c.	Monitor and evaluate clinical findings, aftercare and follow up	I.C.3.c
d.	Perform interventions to stabilize the client in urgent, emergent, and life-threatening situations	I.C.3.d

## D. Counselling

<b>1. Create a therapeutic relationship that is conducive to optimal health outcomes</b>		
a.	Utilize developmentally, socio-demographically, and culturally relevant strategies, communication and counselling techniques and tools	I.D.1.a
b.	Evaluate effectiveness of therapeutic relationship and refer to appropriate professionals, as needed	I.D.1.b
<b>2. Provide therapeutic interventions as indicated by the care plan</b>		
a.	Address impacts of potential and real biases on the creation of safe spaces	I.D.2.a
b.	Integrate therapeutic counselling techniques to facilitate an optimal experience and outcome for the client	I.D.2.b
c.	Recognize and respond to the expression of intense emotions in a manner that facilitates a safe and effective resolution	I.D.2.c
d.	Provide trauma and violence informed care	I.D.2.d
e.	Identify the presence of trauma, including intergenerational trauma, with the client	I.D.2.e
<b>3. Apply harm-reduction strategies and evidence-informed practice to support clients with substance use disorder, while adhering to federal and provincial/territorial legislation and regulation</b>		
a.	Identify potential risks and signs of substance use disorders	I.D.3.a
b.	Develop a harm-reduction care plan, considering treatment and intervention options	I.D.3.b
c.	Apply evidence-informed and safe prescribing practices when initiating and managing pharmacological and non-pharmacological interventions	I.D.3.c
d.	Adhere to legislation, regulation, and organizational policy related to the safe storage and handling of controlled drugs and substances	I.D.3.d
e.	Provide education on the safe storage and handling of controlled drugs and substances	I.D.3.e

## E. Transition of Care, Discharge Planning, and Documentation

<b>1. Lead admission, transition of care, and discharge planning that ensures continuity and safety of client care</b>		
a.	Collaborate with client to facilitate access to required resources, drug therapy, diagnostic tests, procedures, and follow up to support the continuum of care	I.E.1.a
b.	Facilitate transfer of information to support continuity of care	I.E.1.b
c.	Facilitate client's access to community services and other system resources	I.E.1.c
d.	Modify the care plan based on the client's transition needs	I.E.1.d

<b>2. Conduct record keeping activities, according to legislation and jurisdictional regulatory requirements</b>		
a.	Document all client encounters and rationale for actions	I.E.2.a
b.	Collect, disclose, use, and destroy health information according to privacy and confidentiality legislation, regulations and provincial/territorial regulatory standards	I.E.2.b
c.	Apply relevant security measures to records and documentation	I.E.2.c
d.	Recognize role as a health information custodian to ensure client information is secure and remains confidential	I.E.2.d

<b>3. Provide safe, ethical, and competent services as a self-employed practitioner</b>		
a.	Employ accurate, honest, and ethical billing and advertising practices	I.E.3.a

<b>4. Employ evidence-informed virtual care strategies</b>		
a.	Articulate the risks and benefits of virtual care to confirm the client's informed consent to participate in a virtual care visit	I.E.4.a
b.	Maintain client's privacy during virtual encounters, and when transferring data and providing medical documents electronically	I.E.4.b
c.	Determine when the client's health concern can be managed virtually without delaying or fragmenting care	I.E.4.c
d.	Demonstrate an understanding of the limitations of virtual care when determining the need for in-person assessment and management	I.E.4.d
e.	Adapt history-taking and assessment techniques to effectively complete the virtual client assessment	I.E.4.e
f.	Use effective communication approaches in the virtual care environment	I.E.4.f
g.	Integrate health-care technologies and communication platforms to deliver virtual care	I.E.4.g
h.	Adhere to requirements for communication and documentation for virtual client encounters	I.E.4.h

## DOMAIN AREA II. QUALITY IMPROVEMENT AND RESEARCH/SCHOLAR

*Entry-level nurse practitioners (NPs) use evidence, participate in research and Continuous Quality Improvement, and support knowledge translation.*

1. Identifies gaps, appraises and applies evidence-informed resources, understands research methodologies	II.1
2. Discusses the practical benefits and possible applications of research with teams and partners	II.2
3. Recommends where research findings can be integrated into practice	II.3
4. Applies ethical principles and analyzes the context when implementing evidence-informed practice	II.4
5. Disseminates knowledge and evidence-informed findings with clients, teams and partners	II.5
6. Uses data and available forms of technology to identify risks and create opportunities to mitigate harm	II.6

## DOMAIN AREA III. LEADER

*Entry-level nurse practitioners (NPs) demonstrate collaborative leadership within the health-care system. NPs strive for a culture of excellence and facilitate the development of effective teams and communication within complex health systems.*

1. Engages in leadership to contribute to a culture of continuous improvement, safety and excellence	III.1
2. Builds partnerships to optimize health-care delivery	III.2
3. Uses principles of team dynamics, conflict resolution and change management to support effective collaboration and communication	III.3
4. Demonstrates awareness of tools and resources, and contributes to strategies for responding to disasters and unpredictable situations	III.4

## DOMAIN AREA IV. EDUCATOR

*Entry-level nurse practitioners (NPs) develop and provide education to a wide range of clients to enhance health-care knowledge and influence positive outcomes.*

Client, Community and Health-Care Team Education	
1. Develops and provides educational resources	IV.1
2. Evaluates learning and delivery methods to improve outcomes	IV.2
3. Develops and uses evidence-informed strategies and technologies to enhance learning	IV.3

## DOMAIN AREA V. ADVOCATE

*Entry-level nurse practitioners (NPs) understand the issues related to health inequity, diversity and inclusion in order to advocate for change to improve health. This includes client's culture, lived experience, gender identity, sexuality, and personal expression.*

1. Demonstrates self-awareness and cultural humility to mitigate risk based on personal bias	V.1
2. Contributes to a practice environment that is diverse, equitable, inclusive and culturally safe	V.2
3. Promotes equitable care and service delivery	V.3
4. Advocates for client access to resources and system changes	V.4
5. Navigates various systems affecting client care acknowledging the interdependence of policy, practice and systemic issues	V.5
6. Identifies and manages potential and real conflicts of interests, always acting in the client's best interest	V.6