



**CRITERIA FOR SELECTING A TUTOR
FOR THE IMPLEMENTATION OF PROFESSIONAL PRACTICE
IN THE ACADEMIC YEAR**

Powisle University Faculty of
Health Sciences Direction of
Nursing.
Przedmiot _____

Name of practice supervisor
.....

Practice site.....

Position:.....

Cell phone:

E-mail.....

Evaluation criterion		Points	Please insert an "X" in the right place (To be completed by the Practice Supervisor)	Evaluation (fills Vice Chancellor for Practical Education)
Completed higher education: major in nursing	MA Nursing	3		
	Bachelor of Science in Nursing	2		
	Does not have a university degree in a field of study	0		
Current license to practice profession	Yes, based on the diploma of completion studies authorizing professions	2		
	It does not have	0		
Seniority in the field of subject taught	Over 5 years	3		
	1-5 years	1		
	Less than a year	0		
Pedagogical preparation	Yes	1		
	It does not have	0		
Specialties/courses/other forms of improving skills professional	Specialization (what kind?)	2		
	Vocational and other training courses (what kind?)	1		
	Does not have specialization and courses	0		

He/she has led before classes in a given subject	Yes	1		
	Not	0		
The branch on which it will be care provided apprenticeships				
NUMBER OF TOTAL POINTS OBTAINED				

.....
Signature and stamp of the practice supervisor

To be filled out by the Vice-Rector for Practical Education

The opinionated person received points, therefore, meets / does not meet^{*1} the criteria required in the Powisle High School for apprenticeships.

Decision of selection of supervisor to conduct professional practice: positive/negative^{*2}

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Signature of the Vice-Rector for Practical Education

^{*1} Basis for entrustment of care ≥ 5 points,
No grounds for entrusting care: less than 5 points.

^{*2} delete as appropriate