



INDIANA UNIVERSITY  
**SCHOOL OF NURSING**  
IUPUC

## FNP Applicant Core Competencies Evaluation

Applicant name: \_\_\_\_\_ Evaluation by: \_\_\_\_\_

Using the Likert scale tool please rate the applicant on a 1-5 scale –  
1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent, NA/O = not applicable/not observed

### Patient and family-centered care:

|   |   |   |   |   |   |      |
|---|---|---|---|---|---|------|
| Demonstrates an ability to develop therapeutic relationships with patients and families | 1 | 2 | 3 | 4 | 5 | NA/O |
| Assesses the patient's and family's need for learning                                   | 1 | 2 | 3 | 4 | 5 | NA/O |
| Provides culturally competent care to patient and family                                | 1 | 2 | 3 | 4 | 5 | NA/O |
| Advocates for patient's and family's health care needs and role in self-care            | 1 | 2 | 3 | 4 | 5 | NA/O |

### Clinical Knowledge and quality of care:

|  |   |   |   |   |   |      |
|--|---|---|---|---|---|------|
| Demonstrates critical thinking and clinical judgment regarding appropriate nursing interventions             | 1 | 2 | 3 | 4 | 5 | NA/O |
| Provides nursing care based on scientific rational, evidence-based standards of care and practice guidelines | 1 | 2 | 3 | 4 | 5 | NA/O |
| Makes decisions based on safety, cost, and patient and family acceptance                                     | 1 | 2 | 3 | 4 | 5 | NA/O |

**Professionalism and Leadership:**

|   |   |   |   |   |   |      |
|---|---|---|---|---|---|------|
| Engages in self-evaluation concerning practice  | 1 | 2 | 3 | 4 | 5 | NA/O |
| Initiates independent learning to increase technical skills and clinical knowledge                | 1 | 2 | 3 | 4 | 5 | NA/O |
| Consults and communicates appropriately with other members of the health care team<br>NA/O        |   | 1 | 2 | 3 | 4 | 5    |
| Assumes accountability for ethical behavior in patient, family and colleague interactions<br>NA/O |   | 1 | 2 | 3 | 4 | 5    |

**General Comments**

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Direct Supervisor Signature Date

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CNO or Designee Signature Date