



Member Portal Audit Guide

February 2019

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System Login

Access the SALPN Member portal by visiting <http://portal.salpn.com/>.

Enter your e-mail address and password and click Login.

 Login

[Forgot your password?](#)

Other login issues? Call 306-525-8022

Reset Password

Forgot your password? No problem, click on the **“Forgot your password”** link from the login screen

Enter your e-mail address and the code displayed to have a password reset e-mail sent to you. Click the button in the e-mail to set a new password.

Login

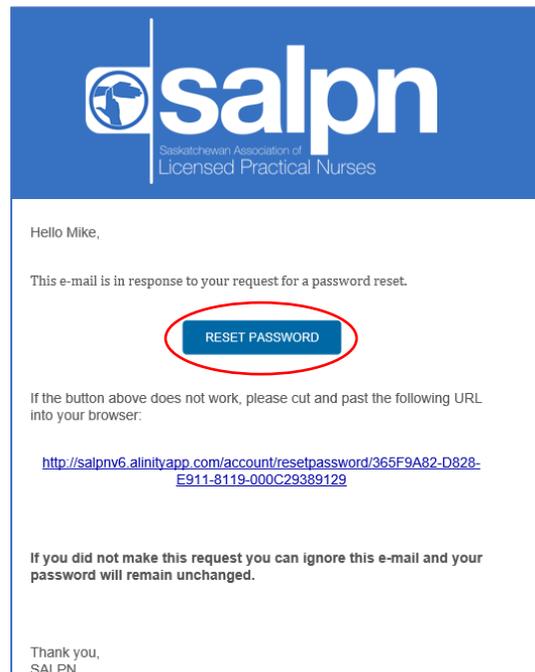
[Forgot your password?](#)
Other login issues? Call 306-525-8022

Reset Password

Enter the user name associated with your Alinity account, then click Submit. We'll send an email to the email address associated with your account with a link to a page where you can create a new password.

Email address

Enter the code on the right **XFFBXW**
 [Click to change](#)



Access your Audit

After logging in to the Member Portal, on the home page you will find an audit section similar to the one you see below. This will indicate the status and type of audit.

To access your audit, click the “**update**” button.

SALPN Licensure Audit Validation

| | | |
|--------------------------|--------------|-------------------------------------------------------------------------------------|
| CEP - In Progress (2019) | |  |
| Status | Last updated | |
| New | 31-Jan-2019 | |

Continuing Education Portfolio (CEP) Audit

Acceptable Documentation

The documentation you are required to provide must prove completion of the activities you have declared. The following documentation is acceptable for CEP audits:

- Certificate of completion
- Documentation provided by your employer indicating completion
- Proof of attendance
- Transcripts
- PDF of online articles

If you are completing the audit from your phone and the documentation is a single page you will be able to upload a photo of the document. If it is multiple pages you will be able to submit up to 4 files. If your documentation is multiple pages we recommend scanning it as a PDF and uploading that.

If you have already submitted documentation with your renewal, those files have been preserved and will be available for you to confirm within your audit.

Completing the Audit

You will need the following information to complete your CEP Audit:

- Documentation – Make sure you have a digital copy of your proof of completion, attendance certificates or other pertinent documentation. These documents should be saved to your computer or phone.

When viewing the CEP Audit page you will see individual entries for each activity you submitted with renewal last year, including carryover activities.

Use the “Save for Later” function at the bottom of the screen periodically to save your progress.



Please continue to the next page for a screenshot of an audit activity.

CEP Activity

* Activity status 

Completed

* CEP Section

Formal Activities

* Name of CEP Activity

Anaphylaxis- CLPNA

* Activity type

Selected: Nursing/Healthcare Education

* Completion Date

2018-10-19

* Hours

8.00

* From the options listed below, please select two or more of the following activities as it relates to your education

- Can be Passed/Failed
- Exam/Quiz

* Summary of Learning

Recognizing and managing anaphylaxis in non-hospital environments. Administering medications related to anaphylaxis and the treatment involved in treating anaphylactic events.

Previous Documentation



Previous Documentation

-

Something listed in this space indicates you have previously submitted documentation. Click the Green button to download/view.

* Do you wish to update the activity information listed above including uploading additional documentation?



Yes



No

Is something listed above inaccurate? Change this answer to "Yes" to reveal a corrections field (see next page)

Each activity must have at least one supporting document uploaded, either uploaded previously or below through the audit.

Supporting Documentation



Click here to upload document

Click the blue "upload" button to select your documentation for this activity and upload it. Only necessary if there is no previous documentation or the existing documentation isn't sufficient.

Making Corrections to an Activity

If you selected “Yes” to update the activity, you will have the opportunity to modify your entry. You are welcome to change any of the information available for modification below. Remember to submit your supporting documentation!

* Do you wish to update the activity information listed above including uploading additional documentation?

Yes No

Correction

* Name of CEP Activity

Anaphylaxis- CLPNA

* Completion Date

2018-10-19

* Hours

8.00

* From the options listed below, please select two or more of the following activities as it relates to your education

Assign/Presentation/Package/Project Can be Passed/Failed Competence/Competency Credential Exam/Quiz

Interactive group work

* Summary of Learning

Recognizing and managing anaphylaxis in non-hospital environments. Administering medications related to anaphylaxis and the treatment involved in treating anaphylactic events.

Each activity must have at least one supporting document uploaded, either uploaded previously or below through the audit.

Supporting Documentation



Click here to upload document

Hour Audit

Acceptable Documentation

You will be required to submit an “Audit Verification Form” for each employer. This form can be started by you but must be completed by your employer. They can return the form to you digitally or in person, but you must scan a copy or take a clear photo.

Completing the Audit

To complete your hour audit, you will need the following information:

- Completed hour verification forms for each employer listed

NOTE: In the event you receive a verification form completed by your employer that includes hours from more than one employer listed in your audit, please upload the same form for each employer included in the verification.

RECORDED PRACTICE HOURS FOR 2018: 1109

Extencicare Sunset

Upload the completed document filled in by this employer. If you need to download and print another copy for your employer you may [click here](#).

* Practice hours verification form (you may provide a picture of the original taken by your phone)



Wascana Rehabilitation Centre

Upload the completed document filled in by this employer. If you need to download and print another copy for your employer you may [click here](#).

* Practice hours verification form (you may provide a picture of the original taken by your phone)



Use the blue “upload” button to submit the completed verification forms for each employer.

* Did you have any other employment not stated on this form?

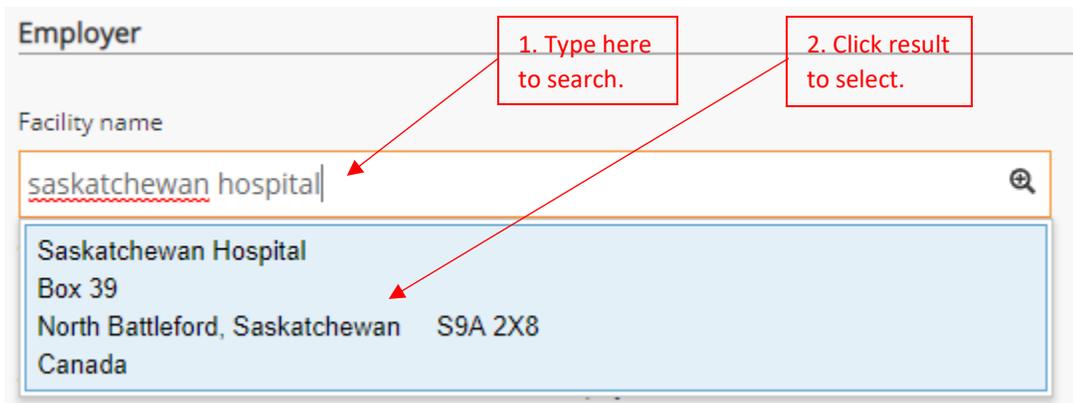
Yes No

Select “Yes” for this answer only if you have additional employment hours to declare from an employer not listed above. If yes, see next page.

Should not all of your employment hours be listed and you selected “yes” to the question “Did you have any other employment not stated on this form” you will be presented with a form to add your new employer (see next page).

Facility Name

When entering the facility name, the field will search our existing facility database. If an option is available, please click on the result to select that facility. If that facility is not available, you can type the name and enter the additional details in the specified field.



The screenshot shows a form titled "Employer" with a "Facility name" field. The text "saskatchewan hospital" is entered in the field. A dropdown menu is open below the field, displaying the following information: "Saskatchewan Hospital", "Box 39", "North Battleford, Saskatchewan S9A 2X8", and "Canada". Two red boxes with arrows point to the search field and the dropdown result. The first box contains the text "1. Type here to search." and the second box contains "2. Click result to select."

Effective Date

This is the date you started employment at this facility.

Expiry Date

This is the date you concluded employment at this facility. This is not a required field.

Practice Hours

Enter your practice hours for last calendar year only. Do not report hours for the current year.

Added too many?

Use the red trash icon to delete the entry.



Supporting Documentation

Upload the completed verification form for the facility you added.

Employer



Facility name

* Status

Full time

* Title/position

* Area of practice

* Effective date

Expiry date

Contact phone

Example: 403-555-5555

If your employer is not available in the list above please enter the name, location and phone # here.

Please enter the total practice hours for the employer.

The number of hours can be 0 but cannot exceed 4000. Keep in mind that a whole number must be used.

* Practice hours

* Practice hours verification form (you may provide a picture of the original taken by your phone)



* I agree that my audit submission is a true and accurate record of my requirements for licensure with the Saskatchewan Association of Licensed Practical Nurses.

Submit

Criminal Record Check Audit

Acceptable Documentation

You will be required to submit a criminal record check audit that has been issued by either your local police service or the local RCMP detachment.

If available, you will also need to submit the receipt for the expense you incurred.

Completing the Audit

The criminal record check audit requires you to upload a completed criminal record check.

Use the blue “upload” button to submit a copy of your documentation.

If a copy of the purchase receipt for the criminal record check is available, you may also upload it.

Information

For this audit, a copy of a Criminal Record Check (CRC) is REQUIRED. All CRCs must be new and obtained either from your local RCMP detachment or local police department.

Your audit will be deemed complete once the CRC copy has been received and determined satisfactory.

Criminal Record Check

* Scan and save your CRC and receipt documents to a computer or laptop. Alternatively, take a photo of the CRC and receipt using your Smartphone or Tablet. When ready, click the 'upload' icon below and choose the appropriate photo(s) you want to submit from the device of your choice.



* Do you have a receipt? The SALPN will provide reimbursement for the cost associated with a satisfactory criminal record search.

Yes No

Receipt(s)

* If there was a cost associated with the criminal record check search, click the 'upload' icon below and choose the photo of the receipt you have already saved on your device and the SALPN will provide reimbursement as applicable.



Reviewing Feedback from SALPN

You may receive feedback from SALPN requesting more information or to update documents for specific activities. The status will have changed from “Submitted” to “Returned for Updates”.

To view the feedback, select “Update” on the audit.

SALPN Licensure Audit Validation

| | | |
|--------------------------|--------------|-------------------------------------------------------------------------------------|
| CEP - In Progress (2019) | |  |
| Status | Last updated | |
| Returned For updates | 05-Feb-2019 | |

The feedback will appear right at the top of the page similar to how it is indicated below.

Thanks for submitting your verification. Your form has been reviewed and there are one or more items you need to address.

[General comments](#)

“ Hello,
Thanks for submitting your CEP audit. Unfortunately, we don't accept blank, downloaded internet certificates as proof of attendance for your education. Please re-submit documentation to us that includes genuine certificates and not one found on Google.
Thank you!
05-Feb-2019 8:14 AM - Mike Clory

This feedback is requesting action by updating a certificate to the correct one. You can go to the entry noted in the comment, use the red trash can to delete the current file and the blue “upload” button to add a new document.

Supporting Documentation

  Click here to upload document

CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

Recipient Name

HAS SUCCESSFULLY COMPLETED THE

Program/Project Name

MONTH, DAY
YEAR

SIGNED, Signatory Name, Signatory Title

YOUR LOGO HERE

Supporting Documentation

 Click here to upload document

At the bottom of your audit page you will have an opportunity to provide a response to the comments. Submitting the form will re-send the information to SALPN.

DECLARATION

This section is a self-declaration which legally confirms your participation in the Continuing Education Portfolio program requirements of the Saskatchewan Association of Licensed Practical Nurses (SALPN). Please read each statement and verify your acceptance by clicking the checkbox below.

I ATTEST:

- *to formally assess my practice annually to assist with determining potential educational requirements.*
- *to assess my competence in all areas in which I practice.*
- *to engage in activities that address my learning needs each year.*
- *to practice in accordance with the Licensed Practical Nurses Act, 2000 and the SALPN Regulatory Bylaws.*
- *to maintain my professional practice within the SALPN Standards of Practice.*
- *to adhere to SALPN Code of Ethics.*
- *I understand that failure or refusal to comply with the requirements of the SALPN Continuing Education Portfolio program, may be forwarded to the SALPN Investigator and may be treated as a complaint as per the Licensed Practical Nurses Act, 2000 and/or the SALPN Regulatory Bylaws.*

*** I agree that my audit submission is a true and accurate record of my requirements for licensure with the Saskatchewan Association of Licensed Practical Nurses.**

“ Hello,

Thanks for submitting your CEP audit. Unfortunately, we don't accept blank, downloaded internet certificates as proof of attendance for your education. Please re-submit documentation to us that includes genuine certificates and not one found on Google. Thank you!

05-Feb-2019 8:14 AM - Mike Clory

Comments for administration

Thanks for your feedback. I have now provided the genuine certificates you have requested.