



# Portfolio Certification

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**Forensic Nurse — Generalist  
Certification (Canada)**

**FN-G(C)**

**APPLICANT PACKAGE**

Canadian  
Nurses  
Association



Association des  
infirmières et infirmiers  
du Canada

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# Overview of Portfolio Certification for Forensic Nurse — Generalist Certification (Canada), FN-G(C)

A portfolio certification process is a structured approach for nurses (nurse practitioners [NPs], registered nurses [RNs], registered/licensed practical nurses [RPNs/LPNs], and registered psychiatric nurses [RPNs]) to validate their expertise and commitment to professional development within their specialty domain. The certification process involves the following:

## Step 1: Eligibility Criteria

Nurses must meet specific requirements related to their specialty, which include educational qualifications, provincial registration, and a minimum number of 1,950 practice hours in the past five years.

## Step 2: Education Criteria

Have completed a minimum of 25 hours of specialty focused continuing education in forensic nursing that supports the development of competencies for critical thinking and clinical judgment skills to provide safe, competent, and ethical forensic nursing care.

## Step 3: Portfolio Submission

Nurses submit a comprehensive portfolio that includes evidence of professional development, such as continuing education hours, academic credits, presentations, publications, research, preceptorship, related work experience and/or professional service.

## Step 4: Evaluation

The submitted portfolio is reviewed and scored by specialty-trained and experienced peer reviewers assessing for specific evidence which meets all the criteria elements listed in the portfolio competency outline for the specialty.

## Step 5: Certification

Successful candidates are awarded Canadian Nurses Association (CNA) certification in their specialty area. This certification is renewed every five years.

## Step 6: Maintenance and Continuing Competence

Nurses are expected to maintain ongoing professional responsibility by obtaining, integrating, and applying current knowledge and skills required to practise safely, effectively, and ethically within their specialty domain as per CNA certification [renewal policy and guidelines](#).

## Description of Specialty Domain: Forensic Nurse — Generalist Certification (Canada), FN-G(C)

A specialty domain refers to a particular field, branch, or area of expertise in which a nurse possesses a high level of knowledge, skill, and proficiency. It signifies a focused area of specialization within a broader discipline characterized by a deep understanding and capability. Generalist forensic nursing is considered one such domain. In the context of certification with CNA, forensic nurse generalists must be RNs, RPNs, NPs, or advanced practice nurses (e.g., clinical nurse specialists) with specific forensic nursing training and experience.

A nurse holding **Forensic Nurse — Generalist Certification (Canada), FN-G(C)**, from the CNA Certification Program combines compassionate, patient-centred, trauma-informed care with forensic expertise to support individuals affected by violence, abuse, and trauma across the lifespan in various roles and settings and across all domains of nursing practice.<sup>1</sup> By maintaining dignity, respect, and empathy, generalist forensic nurses provide holistic care that addresses the bio-psycho-social-spiritual needs of the person. Through the use of forensic techniques to identify, preserve, collect, and document potential evidence and/or samples, generalist forensic nurses have roles in health interventions and prevention of future violent and traumatic incidents, supporting legal and social justice, risk management, and disaster planning. The forensic nurse collaborates with forensic teams including (but not limited to) law enforcement, corrections, legal professionals, and other health-care providers to maintain quality of care and achieve optimal outcomes. Forensic nurses strive to make a lasting positive impact for individuals, families, communities, and populations impacted by violence, abuse, and trauma.

The CNA forensic nurse generalist portfolio is evaluated through set criteria. A fundamental component of a criterion-based approach to certification is the comprehensive description of the domain content area being measured. In the case of the generalist forensic nurse portfolio certification, the content consists of the competencies of a fully competent practising forensic nurse generalist with at least two years of experience working in the role of a forensic nurse. Each section will describe the competencies, how they have been grouped, and how they are assessed within the portfolio.

Nurses who obtain CNA certification in generalist forensic nursing earn the right to use the credential **FN-G(C)** for five years, after which they must renew through the certification continuous learning pathway.

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<sup>1</sup> Nursing domains of practice refers to the areas of focus and nurse may practice their field of expertise including: policy, education, research, clinical practice, and administration.

## Assumptions

In developing the list of competencies for generalist forensic nurses, the following assumptions were made:<sup>2</sup>

### The person:

- The person refers to a client, patient, family, group, community, or population.
- The person's support refers to family, friends, community, companion animals, and anyone/anything else identified by the person to be a source of support.
- The person may have unique experiences related to socioeconomic status, access, consent, capacity/competence, trauma and stigma. This can include access related issues due to language barriers.
- The person may have multiple conditions or situations (e.g., physiological, concurrent/co-occurring disorders, concurrent experiences, dual diagnosis).
- The person has the opportunity to participate, collaborate, engage, and partner in any provided care.
- The person defines what “culturally safe” means to them and how their cultural location, beliefs and values are to be considered.
- Cultural competence is the ability of the forensic nurse to reflect on their own cultural values and how these impact the way care is provided. It includes the ability to assess and respect the values, attitudes, and beliefs of individuals from other cultures and to respond appropriately in planning, implementing, and evaluating any plan of care that incorporates health-related beliefs and cultural values, knowledge of disease and prevalence, and treatment efficacy.<sup>3</sup>
- **Cultural safety** is both a process and an outcome whose goal is to promote greater equity. It focuses on root causes of “power imbalances and inequitable social relationships in health-care.”<sup>4</sup> It includes cultural awareness, cultural sensitivity, and cultural competence.<sup>5</sup>

### Forensic Nursing and the Generalist Forensic Nurse:

- **Forensic nursing:** The application of nursing principles within legal and investigative contexts, handling cases of violence, trauma, and criminal activity. This specialty of nursing combines health-care knowledge with evidence collection, legal processes, and trauma-informed care.

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<sup>2</sup> Inclusive language respects and promotes all people as valued members of society. In this document, non-binary descriptors are used. For example, “their” and “them” are used in reference to all genders and replace the terms “she/her/hers” and “he/him/his.”

<sup>3</sup> Canadian Nurses Association (2019). Nurses' Professional Responsibilities in Partnering with Indigenous Peoples in Improving Health Outcomes: Cultural Competence and Cultural Safety. Canadian Nurses Association, <https://www.cna-aiic.ca>

<sup>4</sup> Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). “Cultural safety and the challenges of translating critically oriented knowledge in practice.” *Nursing Philosophy*, 10(3), 167–179.

<sup>5</sup> Canadian Nurses Association. (2025). *Code of ethics for nurses* (4th ed.). Canadian Nurses Association. <https://www.cna-aiic.ca>

- **Generalist:** Within the broader scope of nursing, a generalist is a nurse who has a broad foundation of knowledge and skills that allow them to provide care across various health-care settings. They are trained in fundamental nursing principles and can adapt to different patient populations, medical conditions, and environments. Unlike specialists, who focus on a specific area such as pediatrics, oncology, or forensic nursing, generalist nurses offer comprehensive care that spans multiple disciplines.
- **The generalist forensic nurse:** A regulated nurse who has demonstrated extensive knowledge and expertise in the specialty of forensic nursing with the ability to integrate nursing practice with forensic science in a variety of roles and settings across all domains of nursing. The forensic nurse has a specialized body of practice knowledge related to nursing and forensic (i.e., legal) aspects of care. They may practise in any domain of nursing.
  - The forensic nurse provides direct/indirect care to individuals affected by violence, trauma, and abuse, while also contributing to related investigations or legal proceedings impacting the person they are caring for.
  - The forensic nurse recognizes that stigma, consent, judicial process, and capacity/competence are some of the issues that may affect the nurse/client/patient therapeutic relationship and that complex ethical dilemmas may arise as a result.
  - The forensic nurse works autonomously but also collaborates with people in their care as well as **inter- and intra-professionally** (e.g., other health-care providers, law enforcement, corrections, legal professionals, and other partners).
  - The forensic nurse undertakes professional development and lifelong learning related to this specialty.
  - The forensic nurse advocates for the person's forensic and medical care needs within the health-care system while addressing any medico-legal issues.
  - The forensic nurse is self-reflective of their personal values, beliefs, and biases.

### Environment:

- Forensic nursing care is embedded within the broader physical and social environment, whose organization and characteristics affect care, quality of life, and treatment.
- The forensic nurse may work with persons in a variety of clinical or investigative settings (e.g., hospitals, clinics, urgent care facilities, retirement and long-term care homes, detention centres, penitentiaries, correctional facilities, coroner and medical examiner systems).
- The forensic nurse promotes healthy environments that support healing.
- The forensic nurse facilitates ongoing evidence-informed treatment(s) and resources for individualized care (e.g., psychosocial intervention, harm-reduction services, management services, primary care, pharmacological approaches, peer support).

## Domain Competencies

As a domain of nursing, forensic nursing competencies for portfolio certification encompass a set of skills, knowledge, and behaviours that are essential to nursing practice within a specific domain or specialty. These competencies are designed to ensure that nurses can provide high-quality care and meet the standards of their profession and specialty.

Generalist forensic nurses use these domain competencies to understand the unique values, preferences, and circumstances of people in their care, while still adhering to the scientific evidence that supports and informs forensic nursing practice. Generalist forensic nurses inform their practice by understanding case law, utilizing the best available research, and applying learned skills and knowledge for the benefit of the people they are caring for, families affected, communities, and vested parties.

Using **evidence-informed** forensic standards of practice, forensic nursing generalist practice includes:

- Comprehensive and systematic forensic assessment
- Identification, preservation, documentation, and collection of potential evidence, data, and/or samples
- Consultation and collaboration with people in their care, as well as inter- and intra-professional disciplines
- Participation in the review of evidentiary procedures, documentation, and development of quality-of-practice and/or forensic standards

# Submitting Evidence for UDL-Informed Competency Domain Assessments

To be inclusive of learning, this portfolio process and evaluation follows the principles of Universal Design for Learning (UDL), by providing multiple means of evaluation.<sup>6</sup>

Each domain will have multiple means of supplying the evidence identified. Candidates may choose to submit multiple forms of evidence within each domain to fully illustrate their evidence of competencies. Candidates may have a choice of:

- **Replication:** Copies of certificates of attendance for learning.  
**Written:** A written reflection or self-analysis of work completed. For each written reflection a minimum of 750 words and a maximum of 1,500 words per reflection are to be submitted.  
*Exception:* Submissions for the “Reflection” domain are to be submitted as a minimum of 1500 words and no more than 3000 words.
- **Oral:** Oral recording of either reflection or work completed. To be submitted in MP4 format only.
- **Visual:** Visual image and/or recording of either reflection/self-analysis or work completed. Images are to be submitted as a .jpg, .eps or .png file. Visual recordings are to be submitted in MP4 format or link to MP4 video file.

## Multiple evidence types required:

Submissions must include more than one type of evidence. Written reflections alone are not sufficient. Each competency domain must demonstrate a combination of evidence types (e.g., written, oral, visual, or replication) to support assessment of competencies.

*Exception:* The Reflection domain may be completed using written reflections as a standalone form of evidence.

For quick reference to types of evidence to collect for portfolio submission, please refer to appendix A.

## Confidentiality:

In all submissions, candidates must be cognizant of the need to maintain people’s privacy and confidentiality. Confidentiality and privacy are paramount in all care environments. Nursing documentation, health record excerpts, videos, statements, or evidence that could breach an individual’s privacy will be strictly prohibited. Submission of such materials is grounds for immediate disqualification and expulsion from the certification process.

## Considerations for Confidentiality:

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<sup>6</sup> CAST (2024). CAST Universal Design for Learning Guidelines version 3.0. Retrieved from <https://udlguidelines.cast.org>

- **De-identify where possible:** Remove names, addresses, health card numbers, and any other personal identifiers.
- **Limit content:** Include only the information necessary to support the case, evaluation, or request—avoid extraneous details.
- **Follow policy:** Adhere to your organization’s confidentiality and privacy guidelines, as well as provincial/territorial and federal legislation (e.g., PIPEDA or provincial health information legislation).

# Portfolio Competency Evaluation Outline

Domain	Total Domain Weight
<p><b>I. Specialty Education and Professional Development</b></p> <p>Section A: Required Hours of Ongoing Professional Development            Section B: Participation in Ongoing Learning            Section C: Verification of Employment and Practice</p>	Mandatory
<p><b>II. Standards of Practice Application</b></p> <p>Section D: Professional Knowledge (15%)            Section E: Evidence Informed Practice (15%)            Section F: Trauma- and Violence-Informed Care (TVIC) Approach (15%)            Section G: Legal-Informed Approach and Practice (15%)</p>	60%
<p><b>III. Collaboration and Leadership</b></p> <p>Section H: Evidence of Collaboration (15%)            Section I: Evidence of Leadership (15%)</p>	30%
<p><b>IV. Reflection</b></p>	10%
<p><b>Total Weight</b></p>	<b>100%</b>



# Portfolio Competency Evaluation Framework

## I. Ongoing Professional Development Domain (Mandatory)

Ongoing professional development emphasizes continuous learning, skill enhancement, and evidence of professional growth within a chosen field. In nursing, it is crucial to stay updated with advancements in health-care, emerging technologies, and best practices to provide high-quality, evidence-based care to patients. Within nursing specialties, this importance is magnified, as specialized fields often require deep expertise in focused areas such as forensic nursing.

Development in a specialty ensures nurses achieve and maintain proficiency, adapt to innovations relevant to their area of expertise, and uphold the highest standards of care tailored to the unique needs of their patient populations. Verification processes, such as endorsements or proof of learning activities, help confirm an individual's qualifications and dedication to both their profession and specialty area.

### Section A: Required Hours of Ongoing Professional Development

***The generalist forensic nurse is to provide evidence of specialty education related to forensic nursing:***

*To become certified in forensic nursing, candidates must have completed a specialty post-basic course or program at a college/university of a minimum of 100 hours of study, or a combination of study & student clinical experience. The course content must be focused on one or more of the following and a description of the program and/or courses must be provided:*

- *Forensic nursing*
- *Forensic science*
- *Social justice*
- *Law or legal studies*

*This presentation of evidence must take the form of:*

- Certificate/document indicating completion of the course (mandatory).
- Course information including topics of all courses and content covered within the certificate. This may include syllabus information, copies of transcripts with full listing of course titles, and/or a written testament from a registrar office and/or professor of forensic nursing (please note, direct links to online content will not be accepted).

## Section B: Participation in Ongoing Learning

*The generalist forensic nurse is to provide evidence of this domain by providing at least one example of:*

- *A minimum of 25 hours of attendance at professional learning relevant to their practice area and the generalist forensic nurse standards of practice.*
- *Professional involvement in practice (e.g., coaching/mentoring, community of practice participation, research participation/development/implementation, policy/legislation development/implementation).*
- *Career excellence (e.g., honours or awards, promotions, or commendations).*
- *Lifelong learning: participating in or developing education relevant to specialty beyond what is required (e.g., attendance at national/provincial/territorial/regional/international conferences related to the specialty, attending accredited programs beyond what is required under eligibility criteria).<sup>7</sup>*
- *Engagement in research and scholarship (e.g., publications, research/scholarly projects, grant writing, presentations).*
- *A full list of the CNA continuous learning (CL) guidelines is located here: [CL Guidelines](#)*

*This presentation of evidence may take the form of any one or more of the below (see [UDL assessments](#) for formats):*

- Copies of certificates of completion, proof of attendance in learning activities
- Presentation of work engaged in
- Peer or mentor evaluation of this domain and work completed

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<sup>7</sup> Please note, this learning is to be in addition to the 100 hours of required for the specialty post-basic course or program required in Section A.

## Section C: Verification of Employment and Practice

Forensic nursing takes place in a wide range of settings, reflecting the diverse needs of patients and legal systems. A generalist forensic nurse may apply their expertise across diverse environments. Their adaptability allows them to work in health-care, legal, and correctional systems while addressing medical and forensic concerns. This versatility ensures that forensic nurses can provide specialized care while contributing to investigative and legal processes. To be considered a generalist forensic nurse for certification, the nurse must have education and experience in more than one forensic environment. This experience may take place in one of the following settings/positions, but please note this list is not exhaustive:

Workplace Settings						
	Administrative	Clinical	Death Investigation	Corrections	Forensic Psychiatric settings	Investigative settings
Positions	Forensic nurse educator	Sexual assault examiner	Coroner/medical examiner	Remand centre nurse	Forensic psychiatric nurse	Nurses who work with law enforcement
	Forensic nurse consultant	Forensic nurse examiner	Nursing death investigator	Detention centre nurse		Nurse investigator
	Legal nurse consultant (LNC)	Human Trafficking Nursing specialist		Youth corrections nurse		Occupational health nurse with a forensic focus (e.g., addiction workplace monitoring)

If your experience is not listed here, please contact [certification@cna-aiic.ca](mailto:certification@cna-aiic.ca) for confirmation of eligibility prior to proceeding with an application.

*This presentation of evidence must include:*

- Employer/name of Organization<sup>8</sup>
- Number of hours employed in the role at the organization
- Employer/manager name and contact information (email and phone number).
- Description of duties and responsibilities and how it relates to forensic nursing.

<sup>8</sup> Multiple entries are allowed.

- The name and contact information of an endorser who is able to confirm employment, experience hours, or ongoing PD hours
  - *This individual may be a supervisor, administrator, physician, educator and/or a consultant in your nursing practice specialty and must be able to confirm your specialty experience and endorse your application.*

## II. Standards of Practice Application: (60%)

### Section D: Professional Knowledge (15%)

Generalist forensic nurses have a unique skill set and body of professional knowledge. Generalist forensic nurses must pursue the ongoing learning necessary to build and maintain competency as a specialist within nursing to provide the forensic care needed by the persons being cared for and/or the organizations/agencies they are assisting.

*Generalist forensic nurses maintain and develop professional knowledge related to forensic nursing through:*

1. Participation in research and academic opportunities
2. Dissemination and review of evidence-informed research
3. Membership in related professional practice groups
4. Commitment to advanced and ongoing education
5. Partnerships, collaborations, and community engagements

***The generalist forensic nurse is to provide evidence of this domain by providing at least two examples of:***

- *Evidence of participation in research and academic opportunities*
- *Evidence of the dissemination and review of evidence-informed research*
- *Evidence of membership and participation in related professional practice groups*
- *Evidence of a commitment to advanced and ongoing education*
- *Evidence of partnerships, collaborations, and community engagements*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- Reflection on the implementation of professional knowledge in forensic nursing care. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in
- Peer or mentor evaluation of this domain and work completed

## Section E: Evidence-Informed Practice (15%)

Generalist forensic nurses understand the unique values, preferences and circumstances of a person while still adhering to the scientific evidence that supports and informs forensic nursing practice. Generalist forensic nurses inform their practice by gathering evidence and/or samples and applying the skills and knowledge that benefit the person being cared for, community, and/or population and their collaborative agencies. Evidence-informed practice ensures the delivery of care that is safe and of the utmost quality.

*Using evidence-informed forensic standards of practice, forensic nursing practice includes:*

1. Comprehensive and systematic assessment including forensic evaluation of injuries
2. Identification, preservation, documentation, and collection of many types of potential evidence
3. Consultation and collaboration with both inter- and intra-professional disciplines
4. Participation in the review of evidentiary procedures, documentation, and quality-of-practice and/or forensic standards

***The generalist forensic nurse is to provide evidence of this domain by providing least one example for each of:***

- *Evidence of engagement in comprehensive and systematic assessment including the forensic evaluation of injuries*
- *Evidence of the identification, preservation, documentation, and collection of potential evidence, data/samples*
- *Evidence of consultation and collaboration with both inter- and intra-professional disciplines*
- *Participation in the review of evidentiary procedures, documentation, and quality-of-practice and/or forensic standards*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- Reflection on implementation of quality, evidence-informed practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in
- Peer or mentor evaluation of this domain and work completed

## Section F: Trauma- and Violence-Informed Care (TVIC) Approach (15%)

Generalist forensic nurses understand that trauma- and violence-informed care (TVIC) is paramount for providing safe, competent forensic care to people across the lifespan.

Whereas trauma-informed care “creates safety for service users by understanding the effects of trauma, and its close links to health and behaviour,”<sup>9</sup> TVIC includes the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life. A person’s experiences of past and current violence and trauma become significant in the current event they are experiencing.

*Using trauma- and violence-informed principles and policies for care, generalist forensic nursing includes:*

1. Recognizing that responses to trauma and violence are both personal and shaped by social and structural factors. Understanding how trauma affects the individual on multiple levels and creates trauma awareness for service delivery to individuals, communities, and/or populations

***The generalist forensic nurse is to provide evidence of this domain by providing least one example for each of:***

2. *Evidence of provision for safe environments for individuals accessing forensic nursing services by understanding the effects of trauma and/or violence and how they are linked to health and behaviour*
3. *Evidence of participation in policy/procedures development for TVIC and implicit bias recognition and management (IBRM) and/or evidence of implementation and use of TVIC and IBRM policy*
4. *Participation in workplace education on TVIC, including IBRM*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- Reflection on the use of trauma- and violence-informed care. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in
- Peer or mentor evaluation of this domain and work completed

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<sup>9</sup> Wathen, C. N., & Varcoe, C. (2019). *Trauma- & Violence-Informed Care: Prioritizing Safety for Survivors of Gender-Based Violence* (Backgrounder). London, Canada: GTV Incubator.

## Section G: Legal-Informed Approach and Practice (15%)

Nursing and the legal system are unique paradigms. **Generalist forensic nurses** intersect each as their clinical expertise meets the requirements of the justice system. Their role integrates compassionate, evidence-based care with legal accountability and procedural rigour.

*Generalist forensic nurses practise at the intersection of nursing and law by:*

1. Completing medico-legal documentation
2. Identifying, preserving, documenting and collecting potential evidence, samples, and data
3. Maintaining the **chain of custody** of forensic evidence and samples
4. Presenting and testifying in legal proceedings or quasi-judicial hearings (e.g., inquests, police inquiries, arbitrations)
5. Ongoing education with respect to the legal and judicial system (e.g., forensic-legal practices, legislation, case law)

***The generalist forensic nurse is to provide evidence of this domain by providing least one example for each of:***

- *Evidence of completing medico-legal documentation*
- *Evidence of identifying, preserving, documenting and collecting potential evidence, samples, and data*
- *Evidence of maintaining the chain of custody of forensic evidence*
- *Evidence of presenting and testifying in legal proceedings or quasi-judicial hearings (e.g., inquests, police inquiries, arbitrations)*
- *Evidence of ongoing education with respect to the legal and judicial system (e.g., forensic-legal practices, legislation, case law)*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- Reflection on the legal-informed approach to forensic nursing practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in
- Peer or mentor evaluation of this domain and work completed

### III. Collaboration and Leadership (30%)

#### Section H: Evidence of Collaboration (15%)

Collaboration is a critical component of a forensic nurse's practice that involves the seamless partnership and interaction among a multidisciplinary team in health-care and with law enforcement or other affected agencies (e.g., correctional officers in correctional facilities), individuals, and their families to provide the best possible outcomes for both the individual, investigative outcomes, and any justice system involved response. Working together with the team can also help prioritize the medical-forensic examination and the gathering of samples and/or forensic evidence (when appropriate or requested). Collaboration is also an interdisciplinary effort that prioritizes the patient's perspective and adheres to their informed decisions, in accordance with legal requirements.

Clear and straightforward communication is key to ensuring a cooperative environment where the generalist forensic nurse and the multidisciplinary team work in unison with the person and their supports. This approach ensures that all steps taken, including referrals, are explained in a way that the person can understand. Generalist forensic nurses work in partnership with their patients to determine and meet the patient's needs following a report of violence and/or trauma related event. Working together with the health-care team can help prioritize the medical-forensic examination and the gathering of samples and/or forensic evidence (when appropriate or requested).

Forensic nursing often is an isolating specialty where nurses encounter people and situations unique to the role, and that may be difficult to process alone. Trauma can have a cumulative effect and is not always linked to one traumatic event. To ensure that vicarious trauma support and work quality are nurtured, collaborative and ongoing peer support and relationship development is required.

This supportive collaboration may be through relationships such as preceptor/preceptee and/or mentor/mentee, critical incident debriefing, or peer support systems. Mentoring is an ongoing reciprocal and collaborative relationship between at least two individuals who have shared or mutual goals and an agreement to support each other in the empowerment of and learning for the other person to meet their goals.<sup>10 11</sup> Mentoring is traditionally a nurturing relationship that is longer-term than a preceptorship period within an academic institution. However, for the purposes of this generalist forensic nurse certification, mentorship/preceptorship relationships and incident debriefing and peer support systems are accepted.

***The generalist forensic nurse is to provide evidence of this domain by providing least one example for each of:***

- *Evidence of participation in a collaborative multidisciplinary team environment (in any setting)*

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<sup>10</sup> Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program: mentor guide. <https://www.amsn.org/sites/default/files/documents/professionaldevelopment/mentoring/AMSN-Mentoring-Mentor-Guide.pdf>

<sup>11</sup> Canadian Nurses Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring.*

- *Evidence of collaboration within a nurse/client relationship*
- *Evidence of participation in a mentorship/preceptorship program*
- *Evidence of ongoing peer support or involvement in incident debriefing activities*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- Reflection on engagement in collaborative practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Presentation of work engaged in
- Peer/mentor evaluation of this domain and work completed
- A written representation of the mentorship or preceptorship
- Copy of enrolment in a mentorship program
- A letter confirming participation in a mentorship program or relationship (e.g., CNA mentorship program, letter from a manager/supervisor)
- A mentorship contract
- A document that indicates an evaluation of goals in a mentorship agreement
- Audio presentation of a mentorship/preceptorship agreement and evaluation
- A written reflection from a peer
- Audio/visual reflection of a peer support relationship, vicarious trauma support, and/or peer consultation/review

## Section I: Evidence of Leadership (15%)

Generalist forensic nurses actively involve and assist all relevant parties through their specialized expertise and practice, thereby enhancing outcomes for both individuals and society while upholding the values of fairness, diversity, and accessibility. They ensure the principles of cultural humility, equity, and inclusion are a part of all care experiences. They serve as clinical leaders and catalysts for transformation within the systems that respond to violence and trauma. Their role encompasses collaboration with a broad spectrum of professionals, including patients, victim advocates, medical staff, forensic experts, law enforcement, educators, child welfare services, judicial members, government bodies, and various other interdisciplinary groups.

***The generalist forensic nurse is to provide evidence of this domain by providing least one example for each of:***

- *Evidence that demonstrates a commitment to the principles of cultural humility, equity, diversity and inclusion*
- *Evidence of research and innovation leading to transformation in the response to violence and trauma*
- *Evidence of ethical decision-making and accountability*
- *Evidence of policy and system advocacy in the role, scope and education of forensic nurses*

*This presentation of evidence may take the form of (see [UDL Assessments](#) for formats):*

- Reflection on the demonstration of leadership in practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in
- Peer/mentor evaluation of this domain and work completed

## IV. Reflection (10%)

The ability to be reflective as a practitioner in a self-regulated profession is essential. Reflection is a cognitive process requiring a conscious effort to analyze your own values, beliefs, biases, and practices to enable you to grow and learn from your experiences by incorporating your learning into future practice.

**Reflection in action** is the type of reflection that occurs while you are in a situation. It is often linked to clinical reasoning due to the on-your-feet reflection that happens in the moment. This type of reflection is important because it leads you to a change in your view of yourself, your values, your beliefs, and/or your biases. This type of reflection aims to change your perception or gain a new one.

**Reflection on action** is reflection that happens after a situation or event. As the forensic nurse generalist, it requires you to step back, evaluate the situation from all angles, and engage in meaning-making after a situation. This type of reflection often takes significant time and attention, which can be demanding for nurses. It is exceptionally important and essential in forensic nursing. Reflection on action ensures forensic nurses continually learn and grow and, further, often serves as basis for systemic quality improvement, including the creation of practices that reduce biases and barriers.

**Reflection for action** is reflection that happens to improve future action or that plans for future action. Forensic nursing often involves creating plans to reduce risk or increase advocacy. Because forensic nurses collect and analyze data, they are in an ideal situation to see patterns that will help them take action in the future.

**When engaging in reflection, it is important to maintain confidentiality by avoiding the use of any identifying patient, colleague, or organizational information. See UDL for more information on maintaining confidentiality throughout the portfolio process**

*The generalist forensic nurse is to provide evidence of this domain in the exemplar for each of:*

- *Evidence of reflection in their action that demonstrates reflection and self-analysis indicating the growth of critical reasoning or change in perception at the moment of care*
- *Evidence of reflection on their actions that demonstrates reflection and self-analysis indicating the growth of ongoing quality improvement and creating practices to reduce biases and barriers*
- *Evidence of reflection for actions that demonstrates reflection indicating future plans for preventing and reducing risk*

*This presentation of evidence may take the form of (see [UDL assessments](#) for formats):*

- A written reflection of a minimum of 1,000 words, but no more than 3,000 words. This may not be a repeated submission of any written self-reflection submitted as exemplars for other domains within this same portfolio submission.
- Audio reflection encompassing a minimum 10 minutes, but no more than 20 minutes.
- Video reflection encompassing a minimum of 10 minutes, but no more than 20 minutes.

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# Glossary of Terms

**Chain of custody:** Documentation that includes the location and responsible party for all forensic samples at all times.<sup>12</sup>

**Cultural safety:** The outcome of practising with cultural competence and creating a practice environment that embodies respect for differences in cultures. It acknowledges the inherent power difference in how health is delivered. Cultural safety seeks to reduce this inequity through education. Cultural safety is one step above cultural competence.<sup>13</sup>

**Evidence-informed care:** An approach to “the delivery of health-care that integrates the best evidence from well-designed studies and patient/client care data, and combines it with [clinical expertise and] patient/client preferences and values”.<sup>14</sup>

**Inter-professional practice:** Involves multiple health workers from different professional backgrounds working together with clients/patients, families, caregivers, and communities to deliver the highest quality of care.<sup>15</sup>

**Intra-professional practice:** Occurs when multiple members of the same profession work collaboratively to deliver quality care within and across settings.<sup>16</sup>

**Trauma- and violence-informed approach:** Considers an understanding of trauma and violence in all aspects of service delivery and prioritizes the individual’s safety, choice, dignity and control (Government of Canada, 2018; Wathen et al., 2021).<sup>17,18</sup>

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<sup>12</sup> Ledray, L.E. & Burgess, A.W. (2019). *Medical response to adult sexual assault: A resource for clinicians and related professionals*. STM Learning, Inc.

<sup>13</sup> Canadian Nurses Association (2019). Nurses’ Professional Responsibilities in Partnering with Indigenous Peoples in Improving Health Outcomes: Cultural Competence and Cultural Safety. Canadian Nurses Association, <https://www.cna-aic.ca>

<sup>14</sup> Melnyk, B.N., Fineout-Overholt, E., Stillwell, S. B., Williamson, K. M. (2010). *Evidence-Based Practice: Step by Step: The Seven Steps of Evidence-Based Practice*. American Journal of Nursing 110(1), 51-53. DOI: 10.1097/01.NAJ.0000366056.06605.d2

<sup>15</sup> World Health Organization. (2025). Interprofessional Collaborative Practice. [WHPA Statement Interprof Collab Practice 2025 logos.pdf](#)

<sup>16</sup> College of Nurses of Ontario Practice Guideline (2014) RN and RPN practice: The Client, the Nurse and the Environment. Retrieved from <http://www.cno.org/globalassets/docs/prac/41062.pdf>

<sup>17</sup> Government of Canada (2018). Trauma and violence-informed approaches to policy and practice. [Trauma and violence-informed approaches to policy and practice - Canada.ca](#)

<sup>18</sup> Wathen, C. N., Schmitt, B., & MacGregor, J. C. D. (2023). Measuring trauma – (and violence) informed care: A scoping review. SAGE, 24(1), 261-277. DOI: 10.1177/15248380211029399 [journals.sagepub.com/home/tva](https://journals.sagepub.com/home/tva)

## Appendix A: Submission Checklist

### Forensic Nurse — Generalist Certification (Canada) Checklist

This checklist is intended to help certification candidates ensure their portfolio submission is complete, organized, and includes all required components. Use this list as a guide to the types of documents you can prepare and collect prior to submitting your application.

#### General Submission Requirements (Mandatory)

- Proof of current nursing registration (RN or equivalent)
- Minimum 1,950 hours of forensic-related nursing practise
- Post-basic forensic nursing education totaling at least 25 hours (Appendix B)
- Completed endorsement/verification form from a supervisor or administrator

#### Ongoing Professional Development (Mandatory)

- Certificates of forensic-specific continuing education
- Evidence of forensic-related learning beyond basic eligibility
- Documentation or reflection of participation in forensic-related activities (e.g., conferences, research, mentorship)

#### Standards of Practice Domains

- Documentation of forensic-related clinical knowledge and procedural skills
- Case-based exemplars or self-reflections demonstrating evidence-informed care
- Description or example of clinical judgment in forensic scenarios
- Evidence of effective interdisciplinary communication (written or verbal)
- Leadership experience in simulation, education, or advocacy
- Examples of culturally safe or equity-oriented care

#### Reflection and Accountability

- A reflective narrative (1,500–3,000 words) examining personal practise and growth
- Documentation of performance feedback or improvement efforts
- Examples of self-assessment or goal setting

#### Optional Supporting Materials

- Letters of recommendation or support
- Documentation of committee participation or policy contributions
- Involvement in forensic networks, registries, or professional groups

## Appendix B: Education Criteria Information

The following list provides examples of forensic nursing education programs that may be considered as part of the education criteria for portfolio eligibility. These courses are recognized within Canada and in some cases, internationally.

Completion of one or more of these courses demonstrates engagement in specialty-focused forensic nursing education that supports the development of critical thinking, clinical judgment, and evidence-informed forensic nursing care.

### Examples of recognized forensic nursing courses

- **Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A):** Typically 40-48 hours plus clinical practicum.
- **Sexual Assault Nurse Examiner-Pediatric (SANE-P):** Typically 40-48 hours plus clinical practicum.
- **Enhanced Emergency Sexual Assault Services (EESAS):** Introductory/interdisciplinary course, typically 4-10 hours.
- **Rural Sexual Assault Care-Expanded:** Trauma-informed forensic care micro-credential, offered through Northwestern Polytechnic, typically 10-12 hours.
- **Forensic Nurse Death Investigator Micro-credential:** Offered through BCIT approximately 90 hours
- **Introduction to Forensic Health Sciences:** Foundational forensic nursing/health sciences, through BCIT, variable duration.

### Notes for Consideration

- The above list is illustrative, not exhaustive. Equivalent Canadian or internationally recognized forensic-focused programs may also be considered.
- At minimum, each course should include a formal examination, testing, or evaluation component (e.g., written exam, return demonstration, or skills testing) to be eligible for portfolio consideration.
- No single course will be designated as mandatory; rather, the intent is to encourage a portfolio of learning that reflects breadth and depth of forensic nursing competencies.
- Employer-based education programs and private sector courses may also be considered, provided they demonstrate relevance to forensic nursing competencies. Applicants must be prepared to supply additional details or documentation (e.g., learning objectives, evaluation methods, hours completed) if requested.