



Application for endorsement as a nurse practitioner Type: For registered nurses currently holding general registration Profession: Nursing

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used by registered nurses holding current practising general registration, **with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct**, to apply for endorsement as a nurse practitioner.

Applicants are advised to read:

- *Guidelines: For nurses applying for endorsement as a nurse practitioner*
- *Fact sheet: Endorsement as a nurse practitioner*, and
- *Safety and quality guidelines for nurse practitioners*

These documents can be found online at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations

It is important that you refer to the Nursing and Midwifery Board of Australia's (NMBA) registration standards, codes and guidelines when completing this application. These documents can be found at www.nursingmidwiferyboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

1. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the NMBA. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your registration number?

Registration number*



SECTION B: Contact information



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your AHPRA account to change your details online.

3. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

<p>Business hours</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>After hours</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>					<input type="checkbox"/>					<input type="checkbox"/>	<p>Mobile</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Email</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>					<input type="checkbox"/>
				<input type="checkbox"/>												
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4. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

--

State or territory (e.g. VIC, ACT)/International province*

--

Postcode/ZIP*

--

Country (if other than Australia)

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5. Is the address of your principal place of practice the same as your residential address?

YES

NO **Provide your Australian principal place of practice below**



Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

--

State/Territory* (e.g. VIC, ACT)

--

Postcode*

--



6. What is your mailing address?



Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

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Country (if other than Australia)

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SECTION C: Pathways for endorsement



In accordance with section 95 of the National Law, to be eligible for endorsement as a nurse practitioner, you must hold either of the following qualifications relevant to the endorsement:

- (a) an NMBA-approved program of study leading to endorsement as a nurse practitioner, or
- (b) a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA.

Dependent on your qualification, the NMBA provides two qualification pathways: pathway 1 and pathway 2.

7. Via which qualification pathway are you applying for endorsement?



For more information, see *Pathways for endorsement* in the *Information and definitions* section of this form.

Mark only one box

Pathway 1

You are required to attach the evidence requirements outlined in the document *Guidelines: For nurses applying for endorsement as a nurse practitioner* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations

Pathway 2

You are required to attach the evidence requirements outlined in the document *Guidelines: For nurses applying for endorsement as a nurse practitioner* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations



SECTION D: Obligations and consent



Before you sign and date this form, make sure you have answered all the relevant questions correctly and read the statements below.

An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—

- a) a change in the practitioner's principal place of practice;
- b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
- c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent

I consent to the NMBA and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the NMBA to obtain my criminal history in Australia and overseas.

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the NMBA, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

- the NMBA may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and NMBA registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement is grounds for the NMBA to refuse registration.

Signature of applicant

 SIGN HERE

Name of applicant

Date

/ /



SECTION E: Payment



You are required to pay an application fee.

Your required payment is detailed below:

Application fee:	=	Amount payable:
\$165		\$165
		Applicants must pay 100% of the stated fees at the time of submitting the application.



Refund rules

The application fee is non-refundable.

8. How are you paying your fee?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be posted.

Mark one box below only

- Visa or MasterCard
Complete credit/debit card payment slip below
- Cash/EFTPOS
(only available if paying in person)
- Cheque/Money order/Bank draft



You **must** attach cheque or money order payable to the Australian Health Practitioner Regulation Agency.



On the back of the cheque, money order or bank draft, you **must** write:

- your full name
- your date of birth, and
- your AHPRA registration number (if you have one).

Please post this form with payment and required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Credit/Debit card payment slip – please fill out

Amount payable

Name on card

Visa or MasterCard number

Cardholder's signature

SIGN HERE

Expiry date

 /



SECTION F: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 7	Portfolio requirements for pathway 1	<input type="checkbox"/>
Question 7	Portfolio requirements for pathway 2	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<input type="checkbox"/>

Information and definitions

ADVANCED NURSING PRACTICE

Advanced nursing practice is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable).

Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Advanced nursing practice is a level of practice and not a role. It is acknowledged that advanced nursing practice is individually attributed within a regulated nursing scope (enrolled nurse, registered nurse or nurse practitioner). Advanced nursing practice for the purpose of the 5,000 hours required is not related to a job title or remuneration.

The NMBA has set a minimum requirement of advanced nursing practice hours for a registered nurse seeking endorsement as a nurse practitioner. In order to meet the requirements of the endorsement registration standard, you must provide evidence of the equivalence of **three years' (5,000 hours) full-time experience of advanced practice in the past six years.**

For more information, view the documents online at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation that you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to participate in a minimum of 20 hours of CPD annually, per profession, relevant to your context of practice. Additional requirements apply if you have an endorsement for scheduled medicines or as a nurse practitioner. You must keep evidence of your participation.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the guidelines at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines

CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)' by the applicant, and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterix (*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner, please complete an *Application to exclude information from the public register – AEPR-00* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

PATHWAYS FOR ENDORSEMENT

All applicants for endorsement as a nurse practitioner must determine the pathway that applies to their individual circumstance.

Pathway 1: For applicants who have successfully completed an NMBA-approved nurse practitioner program of study at a masters level.

Pathway 2: For applicants who have successfully completed a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA.

The evidence you are required to submit with your application will differ depending on the pathway. These evidence requirements are explained in *Guidelines: For nurses applying for endorsement as a nurse practitioner.*

These guidelines can be viewed online at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations

A key component, common to both pathways, is the requirement for evidence of practice at an advanced nursing practice level equivalent to three years' full time work within the past six years. The NMBA has determined that this is equivalent to 5,000 hours of practice within the past six years.

For more information refer to *Advanced nursing practice* in the *Information and definitions* section of this form.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients,



working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on the safe and effective delivery of services in the profession and/or use of their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA. You may be covered by your own private cover, your Australian employer's cover or another third party such as insurance gained through membership of a professional or industrial organisation. You are accountable for ensuring that you have PII cover in place and for understanding the nature of that cover.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards

REGENCY OF PRACTICE

Recency of practice means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the re-entry to practice policy at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice