



## Application for addition of notation as an enrolled nurse or nurse practitioner

Profession: **Nursing**

Health Practitioner Regulation National Law (the National Law)

This form is to be used by enrolled nurses and nurse practitioners currently holding general registration and applying for a notation on their registration with regard to administration/prescription of medicines.

It is important that you refer to the Nursing and Midwifery Board of Australia's (NMBA) registration standards, codes and guidelines before completing this application.

These documents can be found at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)



This notation applies only to nurse practitioners practising in Victoria and **not** all nurse practitioners.



**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](http://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](http://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: **X**
- **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 DD / MM / YYYY



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

### 3. What is your mailing address?

 Your mailing address is used for postal correspondence.

**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**

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

**Country (if other than Australia)**

### 4. What are your contact details?

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

**Business hours**     **Mobile**

**After hours**

**Email**

## SECTION C: Registration type

### 5. What type of registration do you currently hold?

**Choose appropriate option**

Enrolled nurse  
*Go to the next question*

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Registered nurse with a nurse practitioner endorsement  
*Go to question 7*


## SECTION D: Application for notation for enrolled nurses

### 6. Do you agree to the following statement?

I am applying to have the following notation placed against my name on the register:  
'Does not hold a NMBA-approved qualification in medication administration.'

YES  *Go to Section F: Obligations and consent*

NO 

 **Notation is not applicable.**



## SECTION E: Application for notation for nurse practitioner

7. Are you practising in Victoria? YES  NO



Notation is not applicable.

8. Do you currently have a notation on your registration? YES  NO  **Go to question 10**

**Indicate which notation is currently on your registration – then go to the next question**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Primary care       | <input checked="" type="checkbox"/> Acute or supportive care | <input checked="" type="checkbox"/> Maternity care                        |
| <input checked="" type="checkbox"/> Paediatric care    | <input checked="" type="checkbox"/> Perioperative care       | <input checked="" type="checkbox"/> Care of the older person or aged care |
| <input checked="" type="checkbox"/> Mental health care | <input checked="" type="checkbox"/> Critical care            |   |

9. Do you agree to the following statement?

**i** Note that the NMBA's decision to allow nurse practitioners to apply for additional notation will be reviewed.

**I am applying to have the following category added as a notation to my registration, to enable me to prescribe medicines in Victoria (mark applicable options below):**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Primary care       | <input checked="" type="checkbox"/> Acute or supportive care | <input checked="" type="checkbox"/> Maternity care                        |
| <input checked="" type="checkbox"/> Paediatric care    | <input checked="" type="checkbox"/> Perioperative care       | <input checked="" type="checkbox"/> Care of the older person or aged care |
| <input checked="" type="checkbox"/> Mental health care | <input checked="" type="checkbox"/> Critical care            |   |

By signing the declaration on page 5, I am declaring that I have undertaken further education and skill development to support the expansion of my scope of prescribing practice to qualify for an additional notation to be added to my registration.

YES

**Attachment required below – then go to Section F: Obligations and consent**



You **must** attach to this application:

- a letter from your employer to confirm that you have undertaken the necessary education and skill development to support this expansion to your scope of prescribing practice, **or**
- (if you are self employed) evidence that you have undertaken further education and skill development to support this expansion to your scope of prescribing practice.

NO



An additional notation is not applicable.

10. Do you agree to the following statement?

**I am applying to have the following category added as a notation to my registration, to enable me to prescribe medicines in Victoria (mark applicable options below):**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Primary care       | <input checked="" type="checkbox"/> Acute or supportive care | <input checked="" type="checkbox"/> Maternity care                        |
| <input checked="" type="checkbox"/> Paediatric care    | <input checked="" type="checkbox"/> Perioperative care       | <input checked="" type="checkbox"/> Care of the older person or aged care |
| <input checked="" type="checkbox"/> Mental health care | <input checked="" type="checkbox"/> Critical care            |   |

YES

NO



Notation is not applicable.



## SECTION F: Obligations and consent



**Before you sign and date this form**, make sure that you have answered all of 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 G: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 9</b>	A letter of support from your employer	<input type="checkbox"/>
<b>Question 9</b>	Evidence that you have undertaken further education and skill development to support this expansion to your scope of prescribing practice	<input type="checkbox"/>

## Information and definitions

### 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](http://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](http://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](http://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.

### 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](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms)

### 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.

Please post this form with 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](http://www.ahpra.gov.au)

Sydney NSW 2001  
 Adelaide SA 5001

Canberra ACT 2601  
 Perth WA 6001

Melbourne VIC 3001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Darwin NT 0801