**Application form:**

# Nurse Practitioner, Candidate or Advanced Practice Credentialing

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| **Nurse Practitioner (NP):** Initial application  Renewal | **Nurse Practitioner Candidate** |
| * **Advanced Practice Nurse/Midwife (APN/M):** Initial application  Renewal | |

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| **The following documentation is required to be submitted to supports this application:** | **NP or APN/M** | | **NP Candidate** |
| **Initial** | **Renewal** |
| Approved Model of Care (for new advanced practice roles only) | Yes | No | Yes |
| Scope of practice document - signed | Yes | Yes | Yes |
| Position description | Yes | Yes | Yes |
| Transcript of Qualification | Yes | No | No |
| Enrolment in a NMBA-approved nurse practitioner program of study | No | No | Yes |
| Applicant Curriculum vitae | Yes | No | Yes |
| Applicant previous/current position description | Yes | No | No |
| Continuing professional development / reflective practice record | No | Yes | No |
| Submission reflecting outcomes achieved since last credentialing | No | Yes | No |
| Performance Appraisal / Review (within last 12 months) | No | Yes | No |
| Performance development plan for supervision credentialing | No | Yes | No |

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| * **Provide a list of names of Clinical supervisors and their role below:** | |
| NAME of Clinical supervisors | * ROLE of Clinical supervisors |
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| **For a New role or Initial credentialing** - the employment position for this role is budgeted as: | | | |
| Cost Centre |  | Hours per fortnight |  |
| Classification |  | | |
| If a candidate position, is there ongoing funding post completion for an ongoing Nurse Practitioner role? Yes  No | | | |

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| **Recommendation for Endorsement of role** | | |
| **Date:** |  | |
| **Tick one option:** | full endorsement – new role | |
| full endorsement – advanced practice in established role | |
| credentialing under supervision endorsement - performance plan submitted | |
| Manager or Program Director relevant to role: | | |
| Name | | Position |
| Director of Nursing and Midwifery relevant to role: | | |
| Name | | Position |

Please ensure that all the documentation mentioned above is attached with this checklist and emailed to the Nursing and Midwifery credentialing officer [NMCO@wh.org.au](mailto:NMCO@wh.org.au) for submission to the Nursing and Midwifery Scope of Practice and Credentialing Committee for review and endorsement.