**Adaptation Programme Provider Application/Revalidation Form**

**(Compensation Measures for Nurses Outside of Ireland Leading to Registration)**

**\*PLEASE NOTE: Form to be completed and submitted in Microsoft Word format (typed form) to educationandguidance@nmbi.ie**

**Please select the appropriate box**

**First Time Applicant  Revalidation**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Adaptation and Assessment Programme provider** |  |
| Address |  |
| Phone number |  |
| **Director of Nursing** |  |
| Address |  |
| Phone number |  |
| Email |  |
| **Adaptation and Assessment Programme Lead** |  |
| Address |  |
| Phone number |  |
| Email |  |

**ADAPTATION PROGRAMME INFORMATION**

|  |  |
| --- | --- |
| Proposed number of applicants per programme |  |
| Profile of proposed practice placement areas |  |
| Division of the NMBI Register relevant to the Adaptation Programme |  |

**STANDARDS AND REQUIREMENTS FOR THE APPROVAL OF THE ADAPTATION PROGRAMME**

are outlined in the following NMBI publications:

1. Undertaking an Adaptation and Assessment Programme (NMBI 2024)
2. [Competence Assessment Tool for Internationally Educated Nurses](https://www.nmbi.ie/Registration/Qualified-outside-the-EU/Application-Process/Outcomes-of-Assessment/Compensation-Measures/Adaptation-Guidance-Documents-(Nurses))

**\*Please submit electronic copies of evidence and or hyperlinks to support this application**

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| **Education Provider Standards and Requirements** | | **Evidence** |
|  | A clear governance structure demonstrating collaboration between the Director of Nursing and the Programme Provider. |  |
|  | The programme must consist of a minimum of one-week theory (37.5 hours) plus a minimum of six weeks of assessed practice. The entire programme must not exceed 12 weeks (450 hours)  Please provide the following:   * evidence of one week of theory emphasising the importance of complying with [The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance](https://www.nmbi.ie/Standards-Guidance/Code) (2025). * Submit the programme timetable, ensuring it reflects the suggested content topics. (page 95, [NMBI – Competence Assessment Tool for Nurses](https://www.nmbi.ie/Registration/Qualified-outside-the-EU/Application-Process/Outcomes-of-Assessment/Compensation-Measures/Adaptation-Guidance-Documents-(Nurses))) |  |
|  | A copy of the student handbook that aligns with the [NMBI – Competence Assessment Tool for Nurses](https://www.nmbi.ie/Registration/Qualified-outside-the-EU/Application-Process/Outcomes-of-Assessment/Compensation-Measures/Adaptation-Guidance-Documents-(Nurses)) |  |
|  | A dedicated programme coordinator to oversee and support candidates in this programme. |  |
|  | Indicate the percentage of trained assessors available to support candidates working in a supernumerary capacity. |  |
|  | The [practice learning environment](https://www.nmbi.ie/NMBI/media/NMBI/Practice-Learning-Environment-Audit-for-Registration-Programmes.pdf?ext=.pdf) is approved by the NMBI. |  |
|  | The Director of Nursing will complete and return the ‘Candidate Eligibility Form’ form to the NMBI within five working days of the candidate's successful completion of the adaptation programme. |  |
|  | Reports and actions of appeal decision upheld in the last two years. |  |

**DECLARATION**

We declare that the Adaptation and Assessment Programme has met all the requirements of the [*NMBI - Competence Assessment tool for nurses: NMBI*](https://www.nmbi.ie/Registration/Qualified-outside-the-EU/Application-Process/Outcomes-of-Assessment/Compensation-Measures/Adaptation-Guidance-Documents-(Nurses)) *(2024)*, which incorporates the Nurse Registration Programmes Standards and Requirements (2023).

**Director of Nursing:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adaptation and Assessment Programme Lead:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Please include signature and printed name)

**FOR NMBI USE**

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| --- | --- |
| **Education Review and Recommendation:**  **Professional Officer and**  **Director of Education, Policy, and Standards Department** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Recommend to ETS for approval  Follow up with site – more information required  Comments: |
| **Further evidence received** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Education Review Recommendation:**  **Professional Officer and**  **Director of Education, Policy, and Standards Department** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Recommend to ETS for approval  Follow up with site – more information required  Comments: |
| **Education, Training and Standards Committee**  **Recommendation:** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Recommendation to Board for **approval**  Further evidence requested  Comments (if any): |
| **Outcome of application:**  **Board Decision** | Date: \_\_\_\_\_\_\_\_\_\_\_\_  Approved  Approved with Conditions  Not Approved  Comments (if any): |