ADVANCED PRACTICE REGISTRATION FORM

Bord Altranais agus Cnáimhseachais na hÉireann Nursing and Midwifery Board

This form should be completed if you are applying to register as an Advanced Nurse Practitioner (ANP) or Advanced Midwife Practitioner (AMP) with the Nursing the Midwifery Board of Ireland (NMBI).

Read the following before completing this form

- There are two paths open to an individual registering as an ANP / AMP.
- Please choose Path One or Path Two.
- Please note that choosing Path Two requires you to submit additional documentation in support of your application.

How to complete this form

- Complete in BLOCK CAPITAL letters

2.	This tak	ole should assist you in completing all sections of this form.
		Complete Section A and Section B (pages 2 and 3)
	A	Enter your personal details
		This section must be completed by you
	В	Read, sign and date the Privacy Notice
		Example of data use
		Choose Section C (pages 4 and 5) OR Section D (pages 6 and 7)
	_	Path One: If completed NMBI approved programme
	<u></u>	✓ Must be completed by you and your HEI
	D	Path Two: If attained competencies of advanced practice through a developmental pathway
	Transfer or the second	Confirmation of Transcripts from relevant HEIs - must be completed by you
		Complete Section E (page 8)
	E	✓ Complete Debit / Credit card mandate
Re	turning	your form
	500	hat you have returned all pages
•	Failure t	o complete and provide signatures will result in a delay in processing your application
•	Path 2 t	ranscripts arranged
	Path 2 a	ssessment tool and evidence attached

You should send the form to:

Advanced Practice, Registration Department, Nursing and Midwifery Board of Ireland (NMBI) 18/20 Carysfort Avenue, Blackrock, Co. Dublin.



Personal Details. This section MUST be completed by you.

NMBI PIN	•		Ī	T															
SURNAME	•			I		I	Ι			Ι			Ι				I		
FORENAME	•		Į				L		Ţ							П	Ţ		
DATE OF BIRTH	>	D	D	М	М	Υ	Υ	Υ	Υ										
ADDRESS	•												I						
											Ι								
				Į							I		I		L				
									43 74			Ш	1	L					
EIRCODE																			
LANDLINE	•								N	MOBIL	.E	•							
EMAIL	>						I							Ĺ			I	I]
PLACE OF EMPLOYMENT (hospital / institution / other	er wh	ere y	you a	re em	ploye	ed etc	:.)]
I declare that I am a person midwifery professions. I als																			ery.
SIGNATURE									0	ATE		•							

Privacy Notice:

Nursing and Midwifery Board of Ireland of 18-20 Carysfort Avenue, Blackrock, Co. Dublin, Ireland is a data controller for the purpose of the relevant data protection law including the General Data Protection Regulation.

We collect personal data from you (including special categories of personal data) in accordance with our Privacy Notice.

In particular, we use personal data:

- Where we need to comply with a legal or regulatory obligation including our obligations under the Nurses and Midwives
 Act 2011 (as may be amended or updated from time to time):
- For the purpose of the performance of a contract between us: and/or
- For the purpose of a task carried out in the exercise of our official functions including under the Nurses and Midwives
 Act 2011 (as may be amended or updated from time to time):

Please click <u>here</u> for further details on how we use your personal data and the legal basis on which we process your personal data.

Please address any questions, comments and requests regarding our data processing practices to <u>DataProtection@nmbi.ie</u>

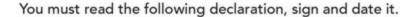
I declare I have read NMBI's Privacy Notice.



The following are examples of the actual or possible use of personal data relating to a nurse and/or midwife or candidate nurse and/or midwife ("NMBI member") include the following:-

The following are examples of the actual or possible use of personal data relating to a nurse and / or a midwife or candidate nurse and / or midwife ("NMBI member") include the following:-

- Publication of the Register of Nurses and Midwives and Candidate Register;
- · Reference to a NMBI member on the Register of Nurses and Midwives or on the Candidate Register;
- · Reference to a NMBI member on the NMBI's website (including any search facility);
- · Circulation of an electronic NMBI newsletter (eZine) to a NMBI member;
- Statutory and regulator compliance;
- · Process payment details (such as credit or debit cards) to fulfil payments made by a NMBI member;
- Provision of personal information by NMBI relating to (amongst others) the
 cancellation, removal or suspension of the registration of a NMBI member to relevant third parties
 (including but not limited to the HSE as well as, where it is in the public interest to do so, the public).





Path One: this applies to nurses / midwives who have satisfactorily completed an advanced nurse / midwifery practitioners programme approved by NMBI

I hereby certify that

I am a Registered Nurse or Midwife on the Nursing and Midwifery Board of Ireland (NMBI) active Register.

I am registered in the Division of the NMBI Register for which application is being made, or if services are spanning several areas, or client groups, I have the competences for practice for those areas required.

I am working within an agreed scope of practice that is underpinned by the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives and Scope of Nursing and Midwifery Practice Framework.

I have successfully completed an NMBI approved Advanced Practice Nursing or Midwifery Programme.

I have attained the competences required for advanced practice including prescribing of medicinal products.

The information provided in this Application Form is complete, accurate and true, to the best of my knowledge and belief.

SIGNATURE		DATE		

This section MUST be completed by you.

GENERAL NURSE INTELLECTUAL DISABILITY NURSE PUBLIC HEALTH NURSE					MIDWIVES CHILDREN'S NURSE NURSE PRESCRIBERS								PSYCHIATRIC NURSE NURSE TUTOR					
												j						
confirm that I have co	mpleted	the	educ	ation	al / tr	ainin	g pro	gram	mes	rele	vant	to ac	lvanc	e pra	ctice,	as o	utline	ed b
NAME OF HIGHER LEVEL INSTITUTION																		
TITLE OF PROGRAMME		I			I		Ĭ									I		
		I					Ц											
PROGRAMME	From									То								
		D	D	М	М	Υ	Υ	Υ	Υ		D	D	М	М	Υ	Υ	Υ	Y
DATE	From																	
		D	D	М	М	Y	Υ	Y	Y									



This section **MUST** be completed by the designated person in the Higher Education Institution (HEI) where you completed your programme.

HEREBY CERTIFY THA	succe	ssful	achie	vemer	nt of o	comp	eten	ce in	the l	belov	w nai	med i	nstitu	ition.				
NAME OF HIGHER LEVEL INSTITUTION		I				П	I	Ι	L					П				
PROGRAMME DATES	From									То								
		D	D	М	М	Υ	Υ	Υ	Υ		D	D	М	М	Υ	Υ	Υ	Υ
SIGNATURE																		
PRINT NAME	•	I				П		I	L					П		I		
TITLE					L	П						I		П				
EMAIL		Ι			I	П		I	I			1	I			I		
DATE	From																	

STAMP / SEAL OF HEI



Path Two: this applies to Nurses and Midwives who have attained the NMBI competencies of advanced practice through a developmental pathway

I hereby certify that

I am a Registered Nurse or Midwife on the Nursing and Midwifery Board of Ireland (NMBI) Register.

I am registered in the Division of the NMBI Register for which application is being made, or if services are spanning several areas, or client groups, I have the competences for practice for those areas required.

I am working within an agreed scope of practice that is underpinned by the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives and Scope of Nursing and Midwifery Practice Framework.

I hold a master's degree level (or higher) in nursing or midwifery or an area which is relevant to the specialist field of practice.

My educational preparation included three clinical modular components including a clinical practical module pertaining to the relevant area of advanced practice in nursing or midwifery.

My Self-assessment Audit tool demonstrates achievement of advanced practice competences and is submitted.

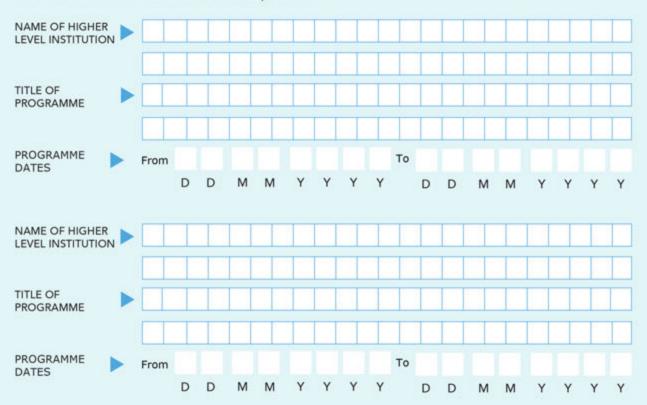
The information provided in this Application Form and in the submitted documents is complete, accurate and true, to the best of my knowledge and belief.

I confirm that I have arranged for transcripts to be submitted from the relevant Higher Level Institution(s) in respect of the educational/training programmes relevant to advanced practice, as outlined below.

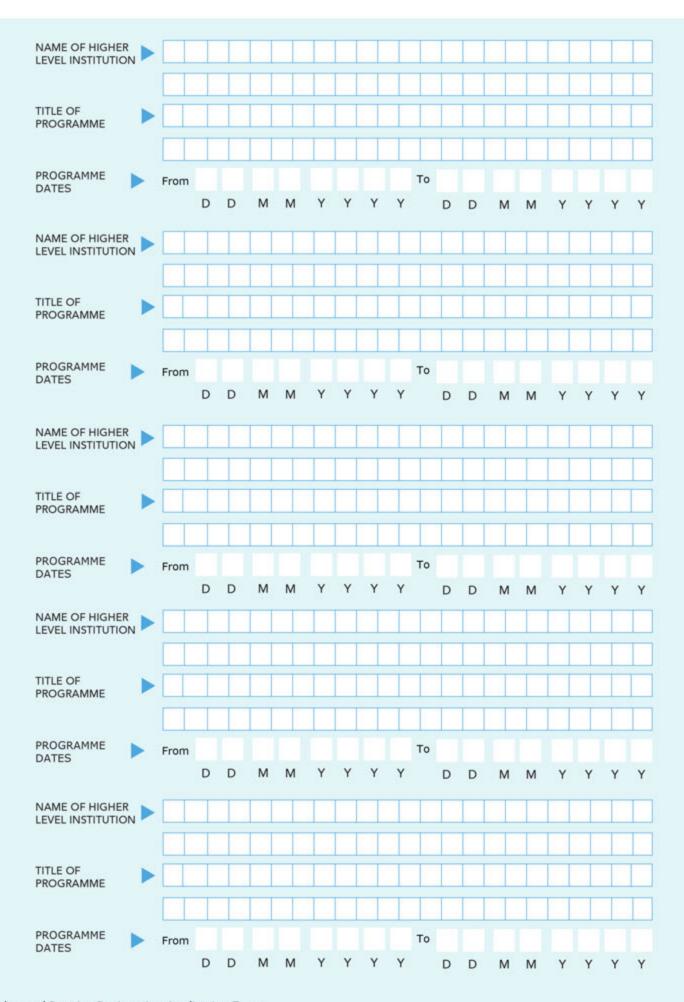
SIGNATURE	DATE	

This section MUST be completed by you.

Add further education if relevant to advanced practice.









The fee for application is €145. Please ensure your Debit/Credit Card is current and there are sufficient funds to meet the payment.

NMBI PIN		
APPLICANT'S NAME	>	
By signing this form, I a my credit/debit card:	uthorise the Nursing and Midwifery Board of Ireland to deduct the appropriate assessment fee f	ror
CARD TYPE	VISA DEBIT MasterGard	
CARD NUMBER		
EXPIRY DATE		
CVV NUMBER		
(CVV Number is the thr	ee digit code on the back of the card in the top-right corner of the signature box as indicated be	101
CARD HOLDER NAME		
(as per card)		
SIGNATURE	▶	
(of card holder)		
For office use only: Car	didate No:	