ADVANCED PRACTICE REGISTRATION FORM

Bord Altranais agus Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

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

1. Complete in BLOCK CAPITAL letters
2. This table should assist you in completing all sections of this form.

Complete Section A and Section B (pages 2 and 3)

Section	
A	✓ Enter your personal details ✓ This section must be completed by you
B	✓ 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)

Section	
C	✓ Path One: If completed NMBI approved programme ✓ Must be completed by you and your HEI
D	✓ Path Two: If attained competencies of advanced practice through a developmental pathway ✓ Confirmation of Transcripts from relevant HEIs - must be completed by you

Complete Section E (page 8)

Section	
E	✓ Complete Debit / Credit card mandate

Returning your form

- Check that you have returned all pages ☐
- Failure to complete and provide signatures will result in a delay in processing your application ☐
- Path 2 transcripts arranged ☐
- Path 2 assessment 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

SURNAME

FORENAME

DATE OF BIRTH

D D M M Y Y Y Y

ADDRESS

EIRCODE

LANDLINE

MOBILE

EMAIL

PLACE OF EMPLOYMENT
(hospital / institution / other where you are employed etc.)

I declare that I am a person of good character and am not guilty of any offence that would discredit the nursing and midwifery professions. I also declare that I am of good physical and mental health and am fit to practise nursing / midwifery.

SIGNATURE

DATE

B You must read the following privacy notice, sign and date it.

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 here 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 DataProtection@nmbi.ie

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).

You must read the following declaration, sign and date it.

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.

I certify that I am registered in the following Division(s) of the Register of Nurses and Midwives maintained by NMBI.

GENERAL NURSE	☐	MIDWIVES	☐	PSYCHIATRIC NURSE	☐
INTELLECTUAL DISABILITY NURSE	☐	CHILDREN'S NURSE	☐	NURSE TUTOR	☐
PUBLIC HEALTH NURSE	☐	NURSE PRESCRIBERS	☐		

I confirm that I have completed the educational / training programmes relevant to advance practice, as outlined below.

NAME OF HIGHER LEVEL INSTITUTION ▶

TITLE OF PROGRAMME ▶

PROGRAMME DATES ▶ From D D M M Y Y Y Y To D D M M Y Y Y Y

DATE ▶ From D D M M Y Y Y Y

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

I HEREBY CERTIFY THAT ▶ [ ]

has successfully completed the theoretical and clinical programme at Level 9 (QQI) including successful achievement of competence in the below named institution.

NAME OF HIGHER LEVEL INSTITUTION ▶ [ ]

PROGRAMME DATES ▶ From D D M M Y Y Y Y To D D M M Y Y Y Y

SIGNATURE ▶ [ ]

PRINT NAME ▶ [ ]

TITLE ▶ [ ]

EMAIL ▶ [ ]

DATE ▶ From D D M M Y Y Y Y

STAMP / SEAL
OF HEI

You must read the following declaration, sign and date it.

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.

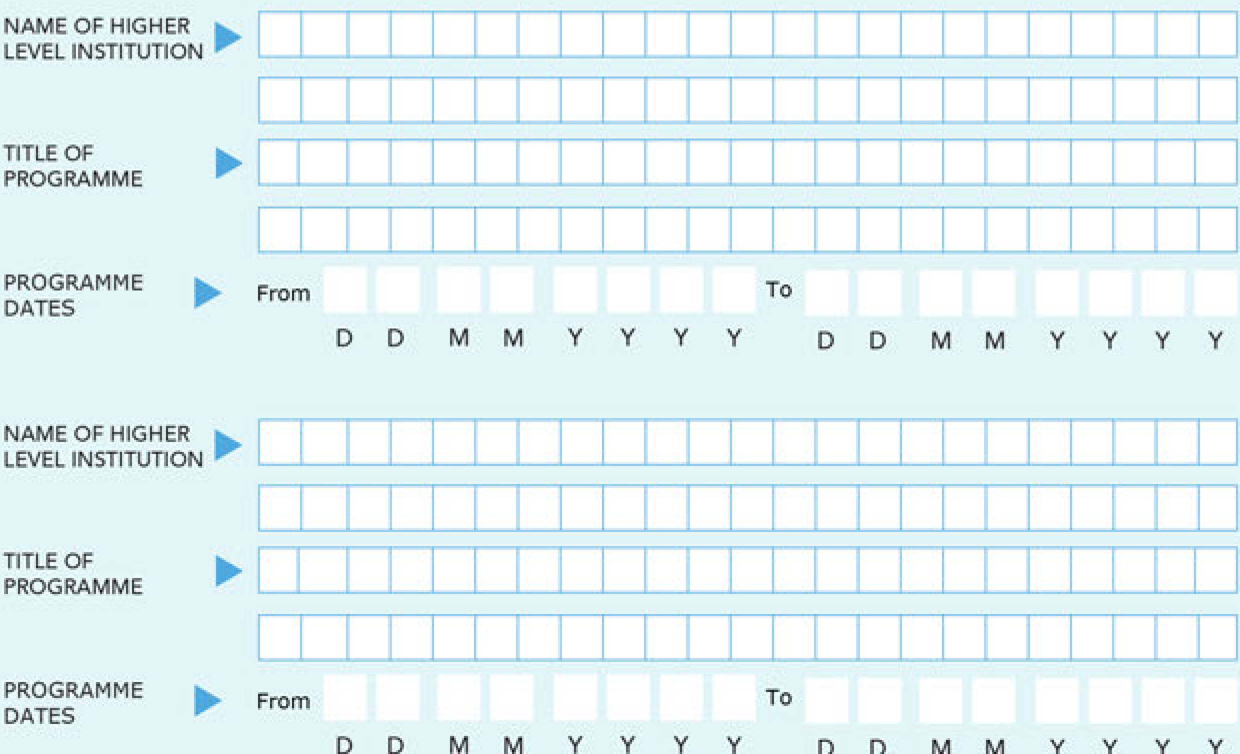
My Self-assessment Audit tool demonstrates achievement of advanced practice competences and is submitted.

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 Transcrips to be submitted from the relevant Higher Level Institutions in respect of the educational / traning programmes relevant to advanced practise, as outlined below.

SIGNATURE ▶ ____________ DATE ▶ ____________

This section **MUST** be completed by you.



Add further education if relevant to advanced practice.

NAME OF HIGHER LEVEL INSTITUTION ▶

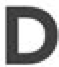
TITLE OF PROGRAMME ▶

PROGRAMME DATES ▶ From D D M M Y Y Y Y To D D M M Y Y Y Y

NAME OF HIGHER LEVEL INSTITUTION ▶

TITLE OF PROGRAMME ▶

PROGRAMME DATES ▶ From D D M M Y Y Y Y To D D M M Y Y Y Y



Please add further education if relevant to advanced practice programmes

NAME OF HIGHER LEVEL INSTITUTION

TITLE OF PROGRAMME

PROGRAMME DATES From D D M M Y Y Y Y To D D M M Y Y Y Y

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TITLE OF PROGRAMME

PROGRAMME DATES From D D M M Y Y Y Y To D D M M Y Y Y Y

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 authorise the Nursing and Midwifery Board of Ireland to deduct the appropriate assessment fee from my credit/debit card:

CARD TYPE ▶ VISA ☐ VISA DEBIT ☐ MasterCard ☐

CARD NUMBER ▶

EXPIRY DATE ▶ /

CVV NUMBER ▶

(CVV Number is the three digit code on the back of the card in the top-right corner of the signature box as indicated below.)

CVV number

CARD HOLDER NAME ▶
(as per card) ▶

SIGNATURE ▶
(of card holder)

For office use only: Candidate No: ____________________ Transaction No: ______________________