



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

## CANDIDATE ELIGIBILITY REPORT (CER)

**Candidate Name:**

**Candidate PIN:**

**Division of NMBI Register:**

**Date of Birth:**

/ /

**Hospital/Health Service Provider:**

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### SECTION 1

Date of Adaptation Commencement:

Practice Placement (Ward/Unit):

Orientation Week Dates:

Initial Assessment Date: (Week 1 of practice placement)

Intermediate Assessment Date:

Final Assessment Date:

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### Recordable Hours

Total Orientation (1st week)

Total Practice Placement Hours (minimum of 225 hours over a 6-week period,  
not exceeding a total of 11 weeks)

**Overall Total hours**

**Candidate Name:**

**Candidate PIN:**

**SECTION 2: Final Assessment**

(To be completed by the Preceptor/Co-preceptor)

Name (Block capitals):

Ward/Unit:

Title:

Signature:

NMBI PIN:

Has Candidate achieved the required competencies?

Yes  No

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**SECTION 3**

(To be completed by the Director of Nursing/Deputy Director of Nursing)

**Final Outcome** (Tick as appropriate)

The applicant has demonstrated the required competencies and has successfully completed the period of adaptation.

OR

The applicant has not successfully completed the period of adaptation.

Name of Candidate:

Name of Director of Nursing/Deputy:

Signature of Candidate:

Signature of Director of Nursing/Deputy:

Date:        /        /

Date:        /        /

Hospital Stamp