



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

QUALIFICATION FORM

**Public Health Nurse, Nurse Tutor, Nurse Prescriber, Advanced Nurse Practitioner,
Midwife Tutor, Midwife Prescriber, Advanced Midwife Practitioner**

Do not use this form for other Nursing Divisions. Refer to the relevant forms.

This form must be completed by the Higher Education Institution (HEI) for the programme undertaken by the applicant. Once completed, it should be returned to the applicant. We may contact the HEI to clarify and validate the information provided.

Applicant Name:

Start Date of Programme:

/ /

Date of Birth: (dd/mm/yyyy)

End Date of Programme:

/ /

/ /

Qualification Title:

Full-time or Part-time:

Please select from the drop down menu below

Undergraduate or Post-graduate:

Please select from the drop down menu below

Name of HEI/College:

Instructions for Higher Education Institutions

Sections A to C are to be completed by the Head of Nursing or Midwifery Education. Please ensure that all fields of the form are entered or a rationale is provided for incomplete fields.

Incomplete forms will not be processed and will be returned.

A

Please ensure that the transcript of training and the curriculum are sent to the applicant.

B

Complete the summary of education for the programme undertaken.

C

Read and sign the declaration.

Applicant Name:

SECTION A

Transcript and Curriculum

You will also need to provide the **official transcript** and **curriculum** relevant to the applicant's completed programme.

- The transcript **must contain a breakdown of education in clock hours**. Theory and clinical hours must be outlined separately.
- The curriculum must be relevant to the programme completed by the applicant.

Please tick to confirm you have provided the official transcript to the applicant.

(Dated, signed and stamped).

Please tick to confirm that you have provided the official curriculum or programme specification to the applicant.

(Dated, signed and stamped).

SECTION B

Summary of Education

Enter the clinical practice and theory instruction hours for the programme completed by the applicant.

Clinical practice hours must refer to hours of **direct patient care** that are mentored, supervised and assessed. **Please note that clinical laboratory hours or simulated learning hours are counted as theory.**

If the transcript for the programme states 'units' or 'credits' of instruction, please enter the number of clock hours in a unit or credit in the table on the right.

Total hours of clinical practice

Total hours of theory instruction

Total of both theory and clinical practice

Number of weeks in a semester

Credits/Units

Equivalent Clock Hours

One clinical credit

One theory credit

One lab/simulated learning credit

One clinical unit

One theory unit

One lab/simulated learning unit

Applicant has Recognised Prior Learning (RPL) / Accredited Prior Experiential Learning (APEL)?

RPL/APEL Hours

SECTION C

Declaration and Contact Details

I certify that the information provided in this form represents a true outline of the theory and clinical practice of the applicant.

Signature:

HEI/College Website:

Print Name:

HEI/College Address:

Title or Position:

Work Email:

Official Stamp

HEI/College Official Email:

Date:

/ /

A large empty rectangular box with a thin black border, intended for an official stamp or signature.