



Midland Collaborative Designated RNPCH Recertification Programme

Applicant & Employer Support Form

Applicant full name:	
Ethnicities:	
APC Number	
Home address: No/Street/ Town/City/Postcode	
Own Mobile phone no.	
Email address home/work	
What is your designated role?	
Your Employer name	
Your work address	
Business email address	
Have you completed a minimum of 3 years clinical experience post qualification?	
Have you completed at least 1 year of practice in the area in which you intend to prescribe?	
Are you currently working under Standing Orders? (preferred)	
What training requirements have you completed to meet compliance with Standing Order requirements?	
Are you currently under a performance management review process?	
Does your workplace have policies and processes to manage competence, conduct or health of health professionals?	
Name and contact email of the prescribing health professional (NP or Doctor) who has agreed to provide you with clinical supervision during the programme	
Please attach a short statement about how completion of the RNPCH programme will enhance your clinical practice and meet patient needs (approx. 200-300 words)	<input type="checkbox"/> Statement attached

Declaration (APPLICANT):

I, *(insert name)*
 declare that the information in my application form is true and correct.

Signature:

Date:



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Employer Support Declaration

[Insert Employee Name]: I declare that I agree to support the above named RN by providing the required clinical release time (as applicable to the RN's individual study plan) to enable attendance at RNPCH programme study days; and to receive clinical practice supervision with an authorised prescriber health professional (Nurse Practitioner or Doctor)

Please provide one example of how endorsing and supporting this RN prescribing role will enhance patient care provision within your area of practice

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I agree that on successful completion of the programme and registration with Nursing Council New Zealand (NCNZ) the above-named employee shall

- a) Be supported to perform the role of a designated RNPCH within 6 months of completion of the programme
- b) Be allocated non-clinical time agreed with the RN for required professional development (e.g. access to relevant education and resources) to maintain proficiency in Community Health Prescriber competencies
- c) Continue to have access to a clinical supervisor who will observe, assess and support the progress of the RN
- d) Continuing competence requirements will be monitored via annual performance reviews
- e) A record of each designated RNPCH will be maintained by the organisation and shared with the Midland Collaborative RNPCH Governance Group via the nominated nurse lead for their locality on request

Regards,

[Insert signature] and printed name

[Employer Name]

[Employer Role Title]

[Employer Organisation]

[Employer Address & Phone Number].....