

ADVANCED PRACTICE RE-VALIDATION APPLICATION FORM



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

This declaration form should be completed by Registered Advanced Nurse Practitioners (RANPs) and Registered Advanced Midwife Practitioners (RAMPs).

Read the following before completing this form

1. Complete in BLOCK CAPITAL letters and black ink
2. Read all instructions before you complete this form

This table should assist you in completing all sections of this form.

A	✓ Include personal details including your NMBI PIN
B	✓ Include details of RANP/RAMP role, organisation and post
C	✓ Read the text of the declaration, sign and date it

Returning your form

- Check that you have returned all pages
- Failure to complete and provide signatures will result in a delay in processing this form

You should send the form to:

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

Data Protection Statement

The personal data given above will be processed in accordance with the Data Protection Acts 1988 and 2003 (the "Acts"). By submitting this form, you agree to NMBI processing your personal data in accordance with the Acts and our Privacy Statement.

A

Personal details

NMBI PIN

NAME OF RANP/RAMP

ADDRESS

EMAIL ADDRESS

DATE OF BIRTH

D D M M Y Y Y Y

B

Details of RANP/RAMP role

DATE OF REGISTRATION
AS RANP/RAMP

D D M M Y Y Y Y

TITLE OF POST

(as approved by NMBI, formerly An Bord Altranais)

POST NUMBER

WHOLE TIME EQUIVALENT
HOURS

NAME OF ORGANISATION

ADDRESS OF ORGANISATION

DATE POST APPROVED

D D M M Y Y Y Y


Summary of any changes in competencies such as expansion of scope of practice or expansion of service to other patient/client groups





Declaration. Read the full text of the declaration below before signing and dating it

I certify that I continue to meet the core concepts of Advanced Practice (Nursing) /Advanced Practice (Midwifery) (Autonomy in Clinical Practice; Expert Practice; Professional and Clinical Leadership; Research: National Council for the Professional Development of Nursing and Midwifery 2008) and I work within my scope of professional practice supported by evidence based policies, procedures, protocols and guidelines and I engage in Continuing Professional Development as demonstrated in my clinical practice portfolio.

SIGNED 
(Registered Advanced Nurse Practitioner or Registered
Advanced Midwife Practitioner)

DATE 