

# 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.

<b>A</b>	✓ Include personal details including your NMBI PIN
<b>B</b>	✓ Include details of RANP/RAMP role, organisation and post
<b>C</b>	✓ 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



DATE



(Registered Advanced Nurse Practitioner or Registered  
Advanced Midwife Practitioner)