



UCD School of
Nursing, Midwifery
and Health Systems



UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh



NUI Galway
OÉ Gaillimh



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



UNIVERSITY OF
LIMERICK
OLLSCOIL LUIMNIGH

Site Declaration Form – Advanced Nurse Practitioner Role

Essential Criteria for Site Selection

- All sections of the site declaration needs to completed.
- The Site Declaration Form is to be reviewed agreed and signed off by the Director of Nursing/Midwifery, the identified medical mentor and the applicant. This includes agreement to the support and supervision of 500 hours of practice competency assessment in designated areas of practice.

Applicant Details

Name _____

Position (Staff Nurse / CNM / CNS etc.) _____

Contact No _____

E-mail Address _____

NMBI PIN Number _____

Division (s) of the NMBI Register _____

Detail educational/CPD attainments: _____

Have you completed a nurse/midwife prescribing of medicinal products programme?

Yes ☐ No ☐

If yes, please provide - Institution name _____ & Year _____

Current Clinical Placement

Name of Health Care Institution _____

Department/Unit _____

How long practicing is this unit in current role _____

Verified: signature of DON/unit manager & applicant _____/_____

Are you an in an ANP candidate position? Yes ☐ No ☐

Criteria	Yes	No	Comment/Evidence
Safe Management			
Do you have in place an <i>Organisational Policy for Nurse and Midwife Medicinal Product Prescribing</i> (or will a policy be in place by the time the nurse or midwife completes the course)?			
Can you demonstrate an ability to safely manage and quality assure prescribing practices?			
Do you have risk management systems in place?			
If yes, is there a process for:			
<input type="checkbox"/> Adverse event reporting?			
<input type="checkbox"/> Incident reporting?			
<input type="checkbox"/> Reporting of near misses?			
<input type="checkbox"/> Reporting of medication errors?			
Practice and Education Development			
Do you have in place appropriate mentoring arrangements with a named medical mentor? (Please identify name).			
Do you have in place robust and agreed collaborative practice arrangements? (if not already existing, will it be in place by the time the nurse or midwife completes the education programme?)			
Have you identified a named medical practitioner(s)/mentor who has agreed to develop and agree the collaborative practice arrangements?			
Can you confirm that the name of the nurse or midwife applying for the education programme, is on the Live Register of Nurses maintained by NMBI i.e. have current active registration?			PIN No:
Do you have in place a commitment to continuing education for staff supporting the prescribing initiative?			
For HSE statutory and voluntary services, will you have in place a sponsorship agreement at local (service) level setting out the arrangements for study leave and financial support for the candidate?			
Health Service Provider			
Do you have in place or have access to a <i>Drugs and Therapeutics Committee</i> ? (If no, please describe how this will be achieved).			
Do you have in place local arrangements to oversee the introduction of a new practice in prescribing and ensure local evaluation?			

Do you have in place a named individual (Prescribing Site Coordinator) delegated by the Director of Nursing to have responsibility for the initiative locally and for liaison with the educational provider? For students employed in the voluntary and statutory services of the HSE the Prescribing Site Coordinator will also liaise with <i>Office of the Nursing Service Director</i> (please supply name).			
Have you established the clinical indemnity arrangements for nurse/midwife prescribing? (please note the Clinical Indemnity Scheme managed by the Sate Claims Agency covers employees of the voluntary and statutory service of the HSE)			
Criteria	Yes	No	Comment/Evidence
Do you have in place a firm commitment by the hospital/organisation board or Chief Executive Officer or Medical Director/Chairman of Medical Board to support the introduction of this prescribing initiative?			
<ul style="list-style-type: none"> For students employed in the HSE voluntary and statutory services (only): will your organisation comply with and ensure data input for <i>Nurse and Midwife Prescribing Data Collection System</i>? For all other health service providers – can you confirm that you will have a process for monitoring prescribing activity? 			
For students employed in the voluntary and statutory services (only) can you confirm that the Registered Nurse Prescriber will have access to a computer, email and internet for data input to the <i>Nurse and Midwife Prescribing Data Collection System</i> ?			
Will your organisation share details of the Registered Nurse Prescribers scope of practice and prescriptive authority with relevant health professionals?			
Audit and Evaluation			
Do you have in place or are you planning to put in place a mechanism to audit the introduction of nurse/midwife prescribing practices?			
How many hours per weeks do you work in your clinical area?			

	Director of Nursing/ Midwifery/ Public Health Nursing/or relevant Nurse/ Midwife manager *signing here indicates that you are verifying the above information is accurate and correct	Medical Practitioner/Mentor
Printed name		
Signature		
Registration number (NMBI/MCRN)		
Date		
Name of health service provider:		
Telephone number:		
Email:		

Please check the following:

- The form is fully completed. Incomplete forms will not be considered ☐
- Your director of nursing/Midwifery/Public Health Nursing/or relevant nurse/Midwife manager in addition to unit/department are aware of the support and release requirements for this application. This includes release/supervision/mentorship of 500 hours of clinical practice in the identified clinical practice area. The manager can contact the programme co-ordinator for further information prior to signing the form.
 Applicant Initials Manger Initials
- Your medical practitioner/mentor is aware of the supervisory/mentorship requirements as set out in this form. This includes supervision/mentorship of 500 hours of clinical practice in the identified clinical practice area. The mentor can contact the programme co-ordinator for further information prior to signing the form.
 Applicant Initials Mentor Initials
- The name you give on the application form is the **same** name by which you are registered with the Nursing and Midwifery Board of Ireland and which will appear on your student ID card, college records and parchment. ☐

Please Note: For students employed in the voluntary and statutory services of the HSE a copy of this *Form* will be sent to the Office of the Nursing Services Director, Quality and Clinical Care Directorate, Health Service Executive.

Applicant signature _____

Date _____