Queensland Health

Nurse Practitioner Credentialing Application Form

October 2022

Information included on this application is for credentialing and defining the scope of clinical practice for the applicant.

Access to this information is limited to the Health Service Chief Executive, Rural and Remote Hospital and Health Service Nurse Practitioner and Endorsed Midwife Credentialing and Scope of Clinical Practice Committee and the secretariat/credentialing officer or administrative officer.

No partial or incomplete applications will be accepted

Type of Application		
☐ New	☐ Renewal	☐ Additional Scope

Hospital and Health Service where SoCP is requested			
☐ Torres and Cape	☐ South West	☐ North West	☐ Central West

Personal Details	
Last Name:	First Name:
Previous Name: (please include your previous name if that appears on certificates)	
DOB: / /	
Home or Postal Address: ☐ Preferred Address for Correspondence	Work Address: ☐ Preferred Address for Correspondence
Home Phone:	Mobile Phone:
Work Phone:	
Email 1:	Email 2:

Clinical Support Persons/Team	
Clinical Support Person 1	
Name:	Role Title:
Phone Number:	Email:
Clinical Support Person 2	
Name:	Role Title:
Phone Number:	Email:

Required Attachments (please attach in the order listed below)

Document	Initial	Renewal	Additional Scope
Certified photo identification	☐	N/A	N/A
Proof of current AHPRA registration as a Nurse Practitioner	☐	☐	☐
Role Description – specific to your scope	☐	N/A	☐
Curriculum Vitae	☐	☐	☐
Certified copy of Masters in Nursing (Nurse Practitioner) and all relevant post graduate education	☐	N/A	☐
Evidence of continuing professional development (CPD) activity meeting AHPRA CPD requirements for each year since previous credentialing. To include 10 additional hours for each year, relating to prescribing and administration of medicines, diagnostic investigations, consultation and referral as per NMBA CPD registration standard. CPD must be relevant to the scope of clinical practice and summarised on the CPD template which is aligned with Nursing and Midwifery Board of Australia required records	☐ 1 year	☐ 3 years	☐ 1 year
A summary of clinical activity undertaken over the previous 12 months relevant to the individual SoCP. This may be obtained from electronic medical records or similar and may include evidence of patients seen with details such as types of cases seen, patient gender, Indigenous status, age ranges, presenting reasons, diagnosis etc as relevant. De-identified information must be provided.	☐	☐	☐
Evidence of peer review of practice. This should comprise of patient cases relevant to the SoCP on the given case presentation template. Total cases depend on the type of credentialing application. Cases for renewal credentialing should be presented at the clinical support team (CST) meetings and have documented feedback	6 cases within the last 12 months	8 cases per calendar year	8 cases relevant to new SoCP area

Clinical Support Meetings

Document	Initial	Renewal	Additional Scope
Initial application Record of the CST members within the HHS with scheduled meetings for the future 12 months	☐	**N/A**	**N/A**
Additional scope application Record of a minimum of eight meetings with the CST within the previous year and evidence of signed case presentations relevant to the additional SoCP sought	N/A	N/A	☐
Renewal application Record of a minimum of eight meetings per year with the CST within the previous three years and evidence of signed case presentations	N/A	☐	N/A

Nominated Referees

Please nominate three professional referees who can comment on your skills and professional performance in the SoCP for which you are applying to be credentialed. These referees must be a minimum of:

- One peer nurse practitioner (can have more)
- One senior medical officer (can have more)
- Current Line Manager

Please note: Your referees should be able to verify, the approximate number, type and location of patients, clinical services, procedures or other interventions performed, and diagnoses of patients within the past 12 months.

Your referees will also be asked to provide evaluation and comments on your technical performance and communication skills.

Referee 1

Full Name:			
Position Title:			
Work Address:			
Work Phone:		Mobile:	
Email Address:			

Referee 2

Name:			
Position Title:			
Work Address:			
Work Phone:		Mobile:	
Email Address:			

Referee 3

Name:			
Position Title:			
Work Address:			
Work Phone:		Mobile:	
Email Address:			

Credentialing and Scope of Clinical Practice Authorisation and Declaration

Please respond to each of the questions below by ticking the appropriate box in the 'YES'/'NO'

1.	Have you ever had an adverse finding/s made against you by a nursing authority or any other professional, disciplinary or similar bodies, including outside Australia?	☐ Yes	☐ No
2.	Have you ever had conditions or undertakings attached to your registration or had your registration suspended or cancelled by a nursing registration authority or similar body, including overseas?	☐ Yes	☐ No
3.	Are you currently under investigation by AHPRA, NMBA, any regulatory health authority (HQCC) or health service in Australia or overseas?	☐ Yes	☐ No
4.	Has your right to practice and/or scope of clinical practice ever been denied, restricted, suspended, terminated or otherwise modified by any health care organization, health facility, learned college or other official body, including in Australia or overseas?	☐ Yes	☐ No
5.	Has a Liability insurer of which you have been a member ever applied conditions or refused to renew your cover or membership in Australia or overseas?	☐ Yes	☐ No
6.	Do you have any physical or other medical conditions, including substance abuse, which may limit your ability to exercise the scope of clinical practice for which you have applied?	☐ Yes	☐ No
7.	Do you have any disclosable criminal convictions i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the *Criminal Law (Rehabilitation of Offenders) Act 1986?* If you are unsure about the status of any criminal convictions which you have you may wish to seek legal advice in responding to this question.	☐ Yes	☐ No
If you have responded 'YES' to any of the above questions, please provide details, including dates, and attach any relevant documentation.			
Further details:			

By signing this document, I make the following declarations and authorisations.

- I will ensure that my professional registration remains current, and acknowledge that failure to do so will lead to suspension of employment and SoCP until rectified.
- I will actively participate in continuing professional development relevant to the SoCP to which I have been credentialed.
- I understand that in line with the National Standards, the basic details and my credentialing and SoCP status will be accessible to relevant Hospital and Health Service staff

I agree to abide by the:

- Code of Conduct for the Queensland Public Service
- QH Health Service Directives
- Department of Health Policies and Regulations
- Hospital and Health Policies (clinical and non-clinical)
- All terms and conditions that are attached to my SoCP

I commit to immediately notify the Executive Director of Nursing and Midwifery (EDONM) and the chair of the credentialing and SoCP committee in the following circumstances:

1. If I become aware that I have developed a condition which would affect my ability to safely care to my patients
2. Any changes made to my Australian Health Practitioner Regulation Agency (AHPRA) registration.
3. Any current or new undertakings given, or conditions, endorsements, suspensions, reprimands or notations imposed on my registration by AHPRA.
4. If I cease engagement with a Hospital and Health Service/Department of Health division or cease private practice at a Queensland public facility or service.
5. If I experience a restriction, withdrawal or alteration of SoCP at another health care facility or service, whether public or private.
6. When any other changes occur to my clinical circumstances that may impact on my granted SoCP.
7. If my contact details (i.e. home/business/email/phone details) change.
8. In accordance with my obligations under the *Public Service Act 2008 QLD* and the Employees to Notify Supervisor if Charged with or Convicted of an Indictable Offence Human Resources Policy E4 (QH-POL-127), employees are to notify supervisor if charged with or convicted of an indictable offense.

I authorise Queensland Health officers and/or agencies to:

- Obtain information from the Registration Body, or Societies to which I am associated as nominated in this application, regarding the currency of my registration and/or membership of that body or organisation and regarding any other matter relevant to my application and ongoing SoCP.
- Verify details of this application with relevant individuals, external organisations, and previous employer/s, and seek confidential references from nominated referees.

I consent to information regarding my credentialing and SoCP being disclosed by the Department of Health and Hospital and Health Services in the following circumstances:

- for my credentialing and SoCP details to be published in a register on the Queensland Health Electronic Publishing Service (QHEPS)
- for my credentialing and SoCP information to be disclosed between differing Hospital and Health Services and the Department of Health for a purpose associated with the approval, amendment or refusal of my credentials and SoCP.

I declare that the facts and my response to this Application are accurate at time of application. *I fully understand that providing false information or documents may result in my SoCP not being approved and may further result in my being subject to criminal charges and/or disciplinary action.*	
Print Applicant Name:	Print Witness Name:
Applicant Signature:	Witness Signature:
Date:	Date: