

Practice Scope of the Nurse Practitioner

Applicant Details

Name of nurse practitioner (as recorded on AHPRA registration)

First Name

Surname

Contact details for correspondence (Address)

Postcode

Phone Number/Mobile number

Email address

Practice Scope

Nurse practitioner specialty area of practice (self-declared)¹ please select all that apply:

¹As per the metaspecialties identified for nurse practitioners in Australia: Gardner, A., Gardner, G., Coyer, F., Henderson, A., Gosby, H., Lenson, S. (2013). The CLLEVER Study: NP Clinical Learning and Governance.

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|---|---|--|
| <input type="checkbox"/> Aged and palliative care | <input type="checkbox"/> Emergency and acute care | <input type="checkbox"/> Mental healthcare |
| <input type="checkbox"/> Primary healthcare | <input type="checkbox"/> Care of people with long-term conditions | <input type="checkbox"/> Child and family healthcare |

Privacy Notice

The Department of Health is collecting your personal information and supporting documentation for the purpose of processing your Nurse Practitioner Practice Scope application in compliance with the department's drug therapy protocol, as defined in the Health (Drugs and Poisons) Regulation 1996. The information you provided will be checked against the publicly available APHRA register to confirm your status as an endorsed nurse practitioner.

In accordance with the conditions of the department's drug therapy protocol, the name, AHPRA registration number and practice scope of all approved applicants will be published in the [Nurse Practitioner Practice Scope Register](#) available on the [Queensland Health website](#).

All other personal information and supporting documentation will be securely stored, only accessible by appropriately authorised officers of the Department of Health and will not be disclosed to other third parties without consent, unless required by law.

If you do not provide all the personal information requested in the form, you cannot not be approved to prescribe, give a written or oral instruction to administer or supply, or administer or supply scheduled medicines under sections 67(4)(b), 175 (8)(b) and 263(5)(b) of the *Health (Drugs and Poisons) Regulation 1996*.

For information about how the Department of Health handles your personal information in accordance with the *Information Privacy Act 2009*, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Declaration

I declare that the information on this form is true and correct and thereby give my consent to the Chief Nursing and Midwifery Officer to publish my practice scope.

I understand that my nominated metaspecialties are self-declared and as such, cannot be verified by the Office of the Chief Nursing and Midwifery Office.

Applicant Signature

Date

AHPRA Registration Number

To confirm the identity of the applicant certified photo identification (in the form of driver's license or passport) is to be submitted along with the application form (as per [AHPRA standards](#) for certification of documents).

How to submit this form:

Enter your details in the relevant fields. Print and sign the form and make a copy for your records. Post the signed original form and certified photo identification to:

Office of the Chief Nursing and Midwifery Officer, GPO Box 48, Brisbane, Qld, 4001.

Processing area use only

Received

Identification checked

AHPRA registration
endorsement checked

Details published

Processor's
initials

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