Master of Nurse Practitioner (CM85)

Verification of Advanced Practice and Course Requirements Declaration Form

SECTION 1: APPLICANT DETAILS

Full Name	
Date of Birth	
Australian Health Practitioner Regulation Agency (Ahpra) Registration Number	
Current Employer	
Position Title	
Years of Registered Nurse (RN) Experience	
Specialty Area	

SECTION 2: VERIFICATION OF ADVANCED PRACTICE EXPERIENCE

Minimum Requirements

Applicants must demonstrate a minimum of **four (4) years full-time equivalent (FTE)** experience as a Registered Nurse within a clinical specialty, including **at least two (2) years FTE in an advanced nursing practice role** within the above-identified specialty.

Please complete the table below with your advance practice nursing details. If required, attach an additional page to ensure all details are provided.

2.1 Employment History (last five years)

Employer	Position	Start Date	End Date	FTE	Clinical Specialty

2.2 Advanced Practice Role Declaration

I confirm that I have practised at an advanced level in my specialty area, characterised by:

☐ Autonomous clinical decision-making.
☐ Advanced assessment and diagnostic reasoning.
☐ Complex care planning and coordination.
☐ Leadership and/or mentoring of staff.
☐ Contribution to service development or quality improvement.
☐ Engagement in evidence-based practice.

Provide a brief description of your current advanced practice role (max 300 words).

SECTION 3: PROFESSIONAL REFEREE VERIFICATION

To be completed by a senior clinician, preferably a nurse practitioner, clinical director, or medical equivalent.

Referee Name	
Position Title	
Organisation	
Phone	
Email	

I confirm that:

☐ The applicant has demonstrated advanced nursing practice.
☐ The applicant is clinically competent within their specialty.
☐ The applicant is suitable to undertake a Nurse Practitioner program.

Comments (required)

Please comment on the prospective student's capacity to complete the Master of Nurse Practitioner (CM85) and maintain work capabilities, levels of organisational support, and so on.

SECTION 4: COURSE REQUIREMENTS ACKNOWLEDGEMENT

I acknowledge and understand that:

☐ Entry into the Master of Nurse Practitioner requires verified advanced practice.
☐ I must maintain **current Ahpra registration** throughout the course.
☐ I am responsible for securing an appropriate **supervisor(s)/mentor(s) and a suitable site to undertake the integrated professional practice.**
☐ Clinical supervision must meet the program requirements (e.g., endorsed NP, suitable medical practitioner, or suitable advanced practice RN).
☐ I must complete all **supernumerary clinical hours** as specified in the course.
☐ I will meet all **academic, clinical, and professional standards** required for course progression.

☐I will meet all **inherent course requirements** required for course progression.

SECTION 6: INTEGRATED PROFESSIONAL PRACTICE READINESS

I confirm that:

☐ I have identified a suitable site to undertake integrated professional practice.
☐ My workplace (if applicable) supports my participation in clinical learning.
☐ I understand integrated professional practice site, and supervisor(s)/mentor(s) must be finalised prior to enrolment in the course units.

Proposed integrated professional practice site	

SECTION 5: APPLICANT DECLARATION

I declare that:

- The information provided in this form is true and correct.
- I understand that providing false or misleading information may result in withdrawal of admission.
- I consent to the University verifying my employment and professional credentials.

Applicant Name	
Signature	
Date	

SECTION 6: HEAD OF COURSE USE ONLY

Requirement	**Requirement Met**
Advanced Practice Verified	☐ Yes | ☐ No
Clinical Specialty Alignment Confirmed	☐ Yes | ☐ No
Referee Check Completed	☐ Yes | ☐ No
Eligible for Admission	☐ Yes | ☐ No

Assessor Name	
Position	
Signature	
Date	