

**APPLICATION TO ADD AUTHORISATION TO PRACTICE
IN A RESTRICTED PRACTICE AREA – NURSE PRACTITIONER**

**FOR REGISTERED NURSES WITH CURRENT REGISTRATION IN THE NORTHERN TERRITORY
*Health Practitioners Act 2004***

*****Please ensure you have read the “Nurse Practitioner Authorisation Policy and Guidelines”
before completing this form*****

PERSONAL DETAILS

SURNAME:

Dr Mr Mrs Miss Ms (please tick as appropriate)

GIVEN NAMES:

FORMER NAMES OR ALIASES: (if applicable)

DATE OF BIRTH:

_____ / _____ / _____ **COUNTRY OF BIRTH:** _____

GENDER:

Male Female (please tick as appropriate)

POSTAL ADDRESS:

BUSINESS ADDRESS:

TELEPHONE NO:

(bh) _____

MOBILE: _____

(ah) _____

EMAIL: _____

FAX NO:

QUALIFICATIONS

QUALIFICATION	INSTITUTION	COMPLETED YEAR

SUMMARY OF EXPERIENCE SINCE QUALIFYING AS A NURSE

PLACE OF PRACTICE	PERIOD OF PRACTICE	
	FROM	TO



OTHER INFORMATION

Date commencing practice as a Nurse Practitioner in the Northern Territory: _____

Intended place of practice as a Nurse Practitioner in the Northern Territory: _____

SUPPORTING DOCUMENTS & OTHER REQUIREMENTS FOR REGISTRATION & ENROLMENT

The following documentation **MUST** be provided with this application. Photocopies will only be accepted if they have been **certified to be a true copy** by: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, Non-Commissioned Officer or Warrant Officer; or the original has been sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

To assist in the timely processing of your application, please ensure the following documents are attached:

- Sufficient information to meet the Board's identification validation requirements (*refer Page 4*).
- Evidence of name change e.g. Marriage Certificate, Divorce Decree or Deed Poll (*if applicable*).
- Certificates of good standing from all nurse registration Boards with which the applicant holds current registration.
- For applications for authorisation via Pathway II (registered nurses or midwives who have completed a masters program accredited by the Nursing and Midwifery Board of the Northern Territory as leading to authorisation as a nurse practitioner), a certified copy of Nurse Practitioner qualification accredited in the Northern Territory.
- For applications for authorisation via Pathway III (registered nurses or midwives who are working at an advanced practice level and wish to become authorised as a nurse practitioner but have not completed a clinically focussed masters program that has been accredited by the Nursing and Midwifery Board of the Northern Territory), an Advanced Practice Evidence Portfolio. Please refer to "A Guide to Developing an Advanced Practice Portfolio" at Appendix 1.
- A non-refundable application fee of \$25.

PAYMENT OPTIONS (*Fees are not subject to GST*)

It is recommended that you **do not send cash** via postal mail. Cash will only be accepted at the Counter. Visa/MasterCard are the **only** Credit Cards accepted.

Fee of \$25 is enclosed payable by Cheque Money Order Credit Card

Card Type Visa MasterCard

Card Number

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Expiry Date _____ / _____

Signature _____ **Name (print)** _____



STATUTORY DECLARATION

Note: In order to apply for registration or enrolment as a nurse you need to complete this declaration.

I do solemnly and sincerely declare that,

1. I have practiced at an advanced level in the designated area of restricted practice for at least three out of the last five years. True False
2. I adhere to the Australian Nursing and Midwifery Council's Code of Professional Conduct for Nurses (2003). True False
3. I practice in accordance with the Australian Nursing and Midwifery Council's National Competency Standards for Nurse Practitioners (2006) True False
4. I will have professional indemnity arrangements in place if I practise as a Nurse Practitioner in the Northern Territory (*Refer explanatory notes on page 4*). True False
5. I do not suffer from substance dependence nor any intellectual, mental or physical disability or condition which affects my ability to practice as a nurse. True False
6. I have never had my name suspended or removed from a Register/Roll or been refused registration for any reasons relating to my professional conduct or health in any State/Territory/Country. True False
7. I have never been prohibited from, nor had any special conditions imposed on my practice as a nurse in any State/Territory/Country as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country. True False
8. I am not the subject of disciplinary proceedings, nor preliminary investigations or action that might lead to disciplinary proceedings in relation to my practice as a nurse in any State/Territory/Country. True False
9. I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending. True False
10. I do not know of any outstanding matter relating to my registration in any State/Territory/Country. True False

If "False" to any of the above, please provide full details on an attached signed sheet.

And I make this solemn declaration by virtue of the *Oaths Act (Northern Territory)* and conscientiously believing the statements contained in this declaration to be true in every particular.

And I hereby authorise the Nursing and Midwifery Board of the Northern Territory, or its delegates, to make enquires of, and exchange information with, any Nursing and Midwifery Registering Authority or any other organisation or person concerning my practice as a nurse or other related matters.

Signature of person making declaration _____

Declared at: _____ on the _____ day of _____ 20 _____
before me,

Signature of person witnessing declaration* _____

Name of witness (printed) _____

Title of witness (printed) _____

Address or telephone of witness _____

See Explanatory Notes over page



EXPLANATORY NOTES

- If you are unable to answer any of these questions, you are asked to contact the Nursing and Midwifery Board for further assistance/advice.
- Only the applicant is able to sign the Statutory Declaration. In the Northern Territory the Statutory Declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.
- Practising unregistered and / or unlicensed in the Northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.
- The Nursing and Midwifery Board of the Northern Territory may from time to time allow organisations to access names and business addresses of nurses and midwives registered in the Northern Territory if the organisation can demonstrate and satisfy the Board that the use of the data will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.
- A person wilfully making a false statement in a Statutory Declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.
- Any documents provided with the application that are not in English, must be accompanied by a translated document.
- Section 22(1)(e) of the *Health Practitioners Act 2004* requires the applicant to have “an adequate professional indemnity arrangement in place”. Nurses applying for registration should consult employers, professional organisations or unions to determine what level of professional indemnity is required.

IDENTIFICATION VALIDATION REQUIREMENTS

All applicants must provide 100 points of identification with their application for registration as a nurse in the Northern Territory.

All documents must be an original or certified as a true copy of the original by a Board approved certifier.

All applicants must provide at least one document that includes a photograph.

No exemptions to the Identification Validation requirements will be accepted.

Category A document (70 points)

- Copy of current registration with an Australian Nursing and Midwifery Board.

Category B document (70 points) Must provide only one from this category

- Front page of a current Australian passport; or
- Front page of any other passport with copy of current visa; or
- Birth Certificate/Birth Card (extract acceptable); or
- Citizenship certificate.

Category C documents (40 points)

- License or permit issued under a law of Australia.
- Identification card issued to a public service employee.
- Identification card issued by a government department as evidence of a person's entitlement to a financial benefit.
- Student card issued by an Australian tertiary education institution.
- International English Language Testing System Test Report Form (IELTS-TRF) (with photograph only).

Category D documents (25 points)

- International Drivers Licence.
- Medicare card.
- Public utilities account (electricity bill, telephone bill).
- Rates notice.
- Credit card (maximum of two only), cash card or passbook issued by a financial institution.
- Certificate of Good Standing/Verification of Registration Status. The document must be from the immediate previous regulatory authority. The document must be received directly from that regulatory authority, not from the applicant.
- Evidence of current registration with an overseas Nursing and Midwifery regulatory authority.

