Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Application to Register for Advanced Credentialed Activity/Skill

Name
Activity
Clinical Area Date / /

Description of advanced activity/skill	
Outline the benefit to patient population	
Outlines additional knowledge and skills for expanded practice role/activities: including post graduate education, clinical training and competence assessment	
Associated costs	
Areas of cost	Funded from
Area of risk	Management plan

Outline any pre –requisite requirements for individuals: Proficient/ Expert
Standards and protocols to be met
Education required to ensure competency
Outline the evaluation of expanded practice including: audit, case review, log books, and multidisplinary peer review.
Evidence of benchmarking, literature search
Consultation with clinical team

Review date and process		
Annual	Two yearly	Three yearly
Other		
Signature (CNM) .... Signature Service Manager: .... Signature Director of Nursing: .... Date submitted: / /		
To be completed by Nurse Credentialing Committee and DoN		
Date received: / / Approved/ Declined Signature (Chair): .... Date / / Signature (DoN): .... Date / / PDRP Proficient / Expert circle one Comments		
Rationale if declined (please continue on separate page if required)		