Faculty of Health
University of Technology Sydney

Master of Nurse Practitioner

Professional Experience Supervisor - Agreement to Supervise Applicant

Applicant's full name: _____

Applicant's position: _____

Supervisor's name: _____

Supervisor's position: _____

Supervisor's health practitioner registration number: _____

Supervisor's curriculum vitae attached: yes / no

Name of employing institution: _____

I agree to undertake supervision of _____with the following considerations:

- Communicate regularly to discuss, assess and guide progress of the course work.
- Meet at frequent intervals to discuss, assess and guide progress of work
- Read and comment critically on drafts of work as required
- Report on progress and advise on any ethical and safety requirements
- Inform as soon as possible of any expected absence
- Advise on the scope and presentation of work and on any publication likely to arise from the work
- Liaise with the Course Coordinator as required
- I hold a minimum qualification at Masters level or deemed equivalence by other achievements and professional activities.
- I hold a clinical position in the student's work environment that will enable the person to provide support and to assess the student's advanced clinical practice

At any time, should I believe the student's progress to be unsatisfactory, I will inform the student of the reasons and subsequently report that to the Course Coordinator.

Supervisor's signature: _____

(Print Name in Full) _____

Date: _____

Master of Nurse Practitioner

Verification of Advanced Practice

This section must be completed by a referee who has observed the applicant's practice over a period of at least one year. The referee may be a senior nurse, nursing peer, senior allied health professional or medical practitioner (with the exception of medical residents and inexperienced registrars).

The form should be read in conjunction with the Nurse Practitioner standards for practice (NMBA 2014) available http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx

The following attributes relate to the definition of the nurse practitioner (NMBA 2014) and have been modified to reflect advanced practice prior to authorisation. Where the referee is unable to comment on an attribute, then this must be addressed by at least two other senior peers or colleagues. Please feel free to add additional information.

Comments are expected to be the honest opinion of the referee. Referees are encouraged to be as specific and candid as possible, using examples where appropriate.

a. Applicant's full name: _____

b. Applicant's position: _____

c. Referee's name: _____

d. Referee's position: _____

e. Referee's health practitioner registration number: _____

f. Name of employing institution: _____

g. Referee's contact details:

_____

_____

h. Working relationship with applicant: _____

i. I have known the applicant in a professional capacity for _____ years.

j. In regard to the applicant's practice responsibilities, I confirm that his / her role has involved a greater percentage of direct client care and related responsibilities than those related to non-clinical duties. YES [ ] NO [ ]

k. Referee's signature: _____

(Print Name in Full) _____

Date: _____

I verify that I have observed the above applicant demonstrate knowledge and skills at an advanced practice level, in the following:

1. **Performs physical examination, and undertakes comprehensive history of clients, independently and collaboratively, beyond the level of a registered nurse**

   Outline evidence you have seen of the applicant's competence.

   Comments / give examples:

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2. **Undertakes appropriate diagnostic interventions for clients independently and collaboratively beyond the level of a registered nurse.**

   Outline evidence you have seen of the applicant's competence.

   Comments / give examples:

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3. Demonstrates advanced knowledge and understanding of appropriate medications (such as pharmacology, pharmacokinetics, interactions with other medications and toxicology) and diagnostic tests

Outline evidence you have seen of the applicant's competence.

Comments / give examples:

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4. Functions collaboratively, and initiates appropriate referral by taking initiative in an advanced and extended clinical role within his/her current scope of practice.

Provide a description of the activities that the applicant undertakes within his / her practice.

Comments / give examples:

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5. Demonstrates evidence based practice in the management of clients

Outline evidence you have seen of the applicant's knowledge and application of evidence-based practice.

Comments / give examples:

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6. Makes appropriate referral of patients to other health care professionals

Outline evidence you have seen of the applicant's competence.

Comments / give examples:

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7. Would you consider the level of practice of this nurse to be suitable for undertaking advanced practice roles? Yes [ ] No [ ]

Please provide a rationale for your response.

Comments / give examples:

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8. Please provide any other comments.

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Faculty of Health
University of Technology Sydney

Master of Nurse Practitioner
Clinical Support Team - Agreement to Mentor Applicant

Applicant's full name: _____

Applicant's position: _____

Mentor's name: _____

Mentor's position: _____

Mentor's health practitioner registration number:_____

Name of employing institution: _____

I agree to be part of the Clinical Support Team for the applicant for the duration of the Master of Nurse Practitioner program at the University of Technology, Sydney. I will provide supervision in, and assistance with, clinical acquisition of skills using the Nurse Practitioner standards for practice (NMBA 2014). I confirm I hold a clinical position in the applicant's work environment that will enable me to provide this support, and agree to meet with the applicant at regular intervals. I hold a minimum qualification at Masters level or deemed equivalence by other achievements and professional activities.

Mentor's signature: _____

(Print Name in Full) _____

Date: _____