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**Community Practitioner Nurse or Midwife Prescribing Entry Criteria**

**NSA 3901/4902**

**Please complete this Entry Criteria form in pen using BLOCK CAPITALS and upload it when completing your application form.**

**Entry Checklist**

**Please ensure that you have uploaded all the following documentation along with your application form:**

|  |  |  |
| --- | --- | --- |
| Completed CPD application form with all academic qualifications included | **Yes**  🞏 | **No**  🞏 |
| Completed and signed manager statement | **Yes**  🞏 | **No**  🞏 |
| Completed and signed manager / prescribing lead statement | **Yes**  🞏 | **No**  🞏 |
| Proof of DBS which will not expire before the end of the module and is within the last 3 years | **Yes**  🞏 | **No**  🞏 |
| Completed and signed form by nominated practice assessor | **Yes**  🞏 | **No**  🞏 |
| Supporting statement which highlights your clinical experience, knowledge and skills. | **Yes**  🞏 | **No**  🞏 |

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| MU LOGO_LDN_RGB.jpg**Community Practitioner Nurse or Midwife Prescribing Entry Criteria**  **NSA 3901/4902**  **Please complete in pen using BLOCK CAPITALS and return with your CPD Application Form** | MU LOGO_LDN_RGB.jpg |

**IMPORTANT:** PLEASE MAKE SURE THAT **YOU AND YOUR LINE MANAGER**

FILL IN APPROPROPRIATE SECTIONS

1. **MANAGER**

**Please tick all the following statements and sign to confirm that:**

|  |  |  |
| --- | --- | --- |
| The applicant is an employee and is **a registered nurse or midwife or a SCPHN** and has the competence and experience in the clinical area where s/he intends to prescribe on successful completion of the programme. | **Yes**  🞏 | **No**  🞏 |
| The applicant will be assigned a **Practice Assessor** who should be a registered nurse or midwife **and** an experienced Community Practitioner Nurse or Midwife Prescriber, V100 or V150, suitably prepared in line with the NMC Standards for Student Supervision and Assessment (NMC, 2018) | **Yes**  🞏 | **No**  🞏 |
| The applicant will be given **11 study days to attend the university programme and a minimum of 10 days supervised practice** with a nominated Practice Supervisor(s) and Practice Assessor. | **Yes**  🞏 | **No**  🞏 |
| The applicant has been assessed as **competent in clinical history-taking, undertaking clinical assessments and diagnosing** in her/his area of practice | **Yes**  🞏 | **No**  🞏 |
| There is **a clinical need for the applicant to prescribe** within the current role | **Yes**  🞏 | **No**  🞏 |
| The applicant demonstrates **appropriate numeracy skills** | **Yes**  🞏 | **No**  🞏 |
| The applicant **holds a current and satisfactory Disclosure and Barring Service** (within the last three years). See section on main application form as well please | **Yes**  🞏 | **No**  🞏 |
| The **suitability of the applicant has been discussed with the Non-medical Prescribing Lead** for the organisation/primary care trust | **Yes**  🞏 | **No**  🞏 |
| On successful completion of the prescribing programme the **applicant will have access to appropriate Continuous Professional Development activities** | **Yes**  🞏 | **No**  🞏 |
| The applicant has **a good command of written and spoken English** | **Yes**  🞏 | **No**  🞏 |

**Manager’s Signature …………………………………………………………………………………….....................................**

**Name………………………………………………………………………...**

**Address …………………………………………………………………………………………………………………....................**

**Postcode: .............................................**

**Contact details: tel: …………………………………………………… e-mail: ……………………………………....................**

**Date………………………………………**

**Please tick all the following statements and sign to confirm that:**

|  |  |  |
| --- | --- | --- |
| The applicant is capable of safe and effective practice at a level of proficiency appropriate to be an independent prescriber. | **Yes**  🞏 | **No**  🞏 |
| The applicant has been assessed as **competent in clinical health assessment.** | **Yes**  🞏 | **No**  🞏 |
| The applicant has been assessed as **competent in diagnostics / care management.** | **Yes**  🞏 | **No**  🞏 |
| The applicant has been assessed as **competent in planning and evaluation of care.** | **Yes**  🞏 | **No**  🞏 |

Date of most recent Educational Audit …………………………………

Name of HEI who carried out the Educational Audit …………………………………………………………..

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| MU LOGO_LDN_RGB.jpg**Non-Medical Prescribing Entry Criteria**  **NSA 3121/4121**  **Please complete in pen using BLOCK CAPITALS and return with your Application Form** | MU LOGO_LDN_RGB.jpg |

**IMPORTANT:** PLEASE MAKE SURE THAT **YOU AND YOUR LINE MANAGER**

FILL IN APPROPROPRIATE SECTIONS

1. **Manager or Non-Medical Prescribing Lead**

**Manager / Non-Medical Prescribing Lead**

**Name …………………………………………………………………………………….....................................**

**Signature ………………………………………………………………………...**

**Work Address …………………………………………………………………………………………………………………....................**

**Postcode: .............................................**

**Contact details: tel: …………………………………………………… e-mail: ……………………………………....................**

**Date………………………………………**

1. **APPLICANT**

Please identify in which **clinical area(s) or specialism you currently work** ……………………………………………………………..........

Please confirm **how long** you have worked in this area …………………………………………………………………………………….............

Which **area(s) of practice are you intending to prescribe in**? ……………………………………………………………………………..........

Are you a 1st level Registered Nurse/Midwife/Health Visitor, SCPHN?

(Delete as appropriate)

If yes, **which part of the Register** are you on ………………………………………………………………………………………..………...........

Are you undertaking **any other programme of study** at the moment? **Yes** 🞏 **No** 🞏

If yes, please state which programme or module and indicate when you will be completing:

……………………………………………………………………………………………………………………………………………………...............

What is your highest academic qualification and when was it awarded? eg MSc, BSc, PGCert (date)…………………………………………

……………………………………………………………………………………………………………………………………………………………….

Please indicate **when you wish to attend the Prescribing course**: Start Date………………………………………….……

Have you previously commenced but not completed a prescribing course? **Yes** 🞏 **No** 🞏

If yes please give details?

……………………………………………………………………………………………………………………………………………………...............

**Personal Statement**

(Please complete this section - Use additional pages when necessary)

**You are required to provide a comprehensive supporting statement which should include the following:**

* Evidence of your ability to study at the chosen level. Please give details of recent study including where you studied.
* The need within your service/client group for community nurse prescribing skills. Give an overview of your client group
* Anexplanation of how you will use this new skill to benefit users of your service.
* An overview of how you have met the entry criteria

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1. **Community Practitioner Nurse or Midwife prescribing agreement with their nominated Practice Assessor**

**Name of nominated Practice Assessor** …………………………………………………………………………………………………………..….

Role………………………………………………………………………………………………………………………………………………………….

Qualifications (to include 1st level nursing/midwifery, prescribing and mentoring qualifications) …………………………………………….......

……………………………………………………………………………………………………………………………………………………………….

Work Address ……………………………………………………………………………………………………………………………………………...

Contact Telephone Number & email …………………………………………………………………………………..………………......……………

1. Are you a registered nurse or midwife who is holds a NMC recordable community practitioner nurse or midwife prescribing qualification (V100 or V150) **Yes** 🞏 **No** 🞏

2. Are you experienced in the assessment, management and prescribing (from the Nurse Prescribers’ Formulary) for a group of patients/clients in the field of practice in which the student is currently working? **Yes** 🞏 **No** 🞏

3. Do you have a recognised NMC mentoring qualification or have been suitably prepared to fulfil the Practice Assessor’s role?

**Yes** 🞏 **No** 🞏

4. Do you have the ongoing support and training of your employing organisation or Trust to act as the nominated Practice Assessor and provide feedback and opportunities to develop competence in prescribing practice, liaising with Practice Supervisors and Academic Assessors to evaluate and confirm the student’s achievement of prescribing proficiencies?

Yes 🞏 No🞏

Comments………………………………………………………………………………………………………………………......................................

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I confirm that I have agreed to work in partnership with, *(student’s name)* …….…..……………………………………………, ensuring they undertake a total of **ten days (65 hours)** of **supervised** prescribing practice,andevaluating and recommending to the Academic Assessor that the student has met the proficiencies and module outcomes leading to a Community Practitioner Nurse or Midwife prescribing recordable qualification.

**Signature** **of Practice assessor**………………………………………....………….…… Date …………………….

**Name of Student** ……………………………………………………………………………

**Signature** **of student** ………………………………………………………………………. Date …………………..

**Date** ………………………....................................………………..……………………….