

**Regulation Nurse/Midwife Prescribing**

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| **Applicant’s Name** |  |
| **Name of Hospital** |  |
| **Unit** |  |
| **Grade** |  |
| **NMBI Pin** |  |

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| **To be completed by the applicant**: For the purposes of entry to undertake this programme I confirm that I meet the entry requirements to undertake this programme of education   * Be Registered in either General, Psychiatric, Children’s, Intellectual Disability, Midwife or Public Health Nurse Divisions of the NMBI Register. **Yes⃝** * Have three years recent post registration clinical experience in nursing/ midwifery (within the past 5 years) with the equivalent of one-year full-time experience in the specific area of practice. **Yes⃝** * The nurse/midwife must possess the competencies recognised at Level 8 of the NQAI framework. **Yes⃝** * The nurse/midwife must demonstrate evidence of further education, and possess a competent level of information technology literacy. **Yes⃝** |  |

Signed…………………………………………………………………. Date……………………………………………………………………….

**Please return completed documents to:** [admissions.midlands@tus.ie](mailto:admissions.midlands@tus.ie)