

Additional Information Form

Postgraduate Diploma in Nursing (Registered Nurse Prescriber)

NURS664 Registered Nurse Prescriber

Please complete this form and email it to studyhealth@canterbury.ac.nz.

1. Your details

Full name		Date	
UC student ID		NCNZ registration no.	
Email		Phone	

2. Your current practice

Where are you currently employed?

Is your role patient-facing?

☐ Yes ☐ No

How many years have you practised in this area?

☐ 1–3 years ☐ 4–6 years ☐ More than 6 years

Requirement: at least 3 years' full-time equivalent practice in the last 5 years, in the area where you intend to work as an RN Prescriber, with at least 1 year in New Zealand.

Do you work full-time or part-time?

☐ Full-time (more than 0.8 FTE) ☐ Part-time

If part-time, hours per week: _____

Where do you intend to practice as an RN Prescriber?

Do you work in a team with an onsite authorised prescriber? *(a senior doctor or mātanga tapuhi nurse practitioner)*

☐ Yes ☐ No

If 'No', please explain:

Do you understand that RN prescribing is not an independent role? *You must work under the supervision of an authorised prescriber (senior doctor or nurse practitioner).*

☐ Yes ☐ No

Have you read the NCNZ requirements for RN prescribing?

☐ Yes, I have read the [NCNZ requirements](#)

Have you ever been refused entry into an RN Prescriber practicum?

☐ Yes ☐ No

If 'Yes', please give details:

3. Academic pre-requisites

You need at least a B grade in all pre-requisite courses. Please enter your results so far.

Course	Grade
Advanced Pathophysiology*	
Advanced Health Assessment and Diagnostic Reasoning*	
Advanced Pharmacology*	

* Or an equivalent course completed outside UC.

4. Employer support and your mentor

Does your employer support you to complete this programme?

☐ Yes ☐ No

Your Designated Authorised Prescriber (DAP) Your DAP will mentor and supervise your prescribing practicum. They must be a nurse practitioner or senior medical practitioner.

Name		Role	
Email		Phone	

5. Clinical practice

Where will you complete your prescribing practicum (minimum 150 hours)?

☐ I understand the practicum must be completed within my area of practice.

Please outline how will you spend time with your DAP?

Will your DAP be onsite full-time while you complete your practicum hours?

☐ Yes ☐ No

Important: Before the course starts, your DAP will be asked to meet with the NURS664 coordinator. Please make sure they know about this.

6. Declaration

☐ I will email studyhealth@canterbury.ac.nz if my area of practice or FTE changes while I am enrolled.

Applicant signature		Date	
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7. Course enrolment approved

For UC staff use only.

Enrolment decision

☐ Approved ☐ Not approved

Approved by		Date	
Signature		Role	

Comments