

1. The applicant must have a minimum of four years full time equivalent clinical practice experience as a registered nurse in the nominated clinical field, which consists of a minimum of two years full time equivalent experience (within the last six years) at an **advanced practice** in the nominated specialty. In addition, the applicant must be **working at an advanced practice level** for the duration of the course.
2. The course comprises three semesters of integrated professional practice:
 - The Science of Health Assessment – 40 hours
 - Integrated Professional Practice 1 – 130 hours
 - Integrated Professional Practice 2 – 130 hours

Applicants are required to be supernumerary during the Integrated Professional Practice and to complete learning activities and assessment items in this course.

3. The applicant must have ready access to the nominated clinical support team (CST) during their supernumerary clinical learning days. The applicant's CST will provide support through supervision, monitoring and review of applicants extended practice to meet learning objectives.
4. Each applicant must have a CST consisting of two health practitioners. They must have relevant clinical and professional experience and currently practicing in the applicant's nominated specialty field who are able to provide supervision of clinical practice (for example, a nurse practitioner and/or a senior medical officer).
5. The applicant is responsible for identifying and obtaining support from a suitable clinical learning environment and an appropriate CST. The composition of the CST will be determined and approved by the University prior to your enrolment in your first unit of study.
6. The CST members will be re-confirmed prior to the start of each semester in which the integrated professional practice unit is undertaken. It is the applicant's responsibility to notify the Unit Coordinator of any changes to CST members or clinical learning environment as soon as practicable.
7. During the integrated professional practice unit, the applicant is expected to manage, under appropriate supervision, at least two complete episodes of care per week throughout the semester for typical patients/clients in the applicant's caseload.
8. The CST will conduct regular clinical practice reviews (including observation of practice and review of relevant documentation) to assess the applicant's management of these patients/clients as a mechanism for teaching and learning and to monitor quality and safety of care.

9. The applicant is encouraged to develop a learning plan and discuss this plan and their learning goals with their CST early in the semester. In addition, they should make time throughout the semester to discuss their progress and make amendments to their plan, to ensure they meet the unit requirements before the end of the semester.
10. Specific details of assessment of clinical and academic performance during the integrated professional practice are outlined in the Unit Information and Student Support Handbook. It is the applicant's responsibility, in consultation with the clinical support team and the Unit Coordinator, to organise the processes for this assessment.
11. A member of the CST will be required to contribute to, and sign off, on assessment records for all integrated professional practice units and to contribute to and sign off as a panel member/chair in a formal clinical viva.

For further information please contact:

Master of Nurse Practitioner Course Coordinator
QUT School of Nursing and Midwifery
Victoria Park Road, Kelvin Grove, QLD 4059
Telephone: 07 3138 5953
Email: nursing@qut.edu.au

**Please submit the completed forms with your online application*



NS90 MASTER OF NURSE PRACTITIONER
Evidence of Advanced Practice Nursing
and Course Requirements

The Nursing and Midwifery Board of Australia define advanced nursing practice as follows:

“Nurses practicing at an advanced practice level incorporate **professional leadership, education, research and support of systems** into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements. Advanced nursing practice is demonstrated by a level of practice and is not by a job title or level of remuneration.” (Nursing and Midwifery Board of Australia, 2020).

Please include a one-page summary with your application providing evidence of how you demonstrate the following advanced nursing practice criteria and complete the declaration below:

- **Professional leadership:**(e.g., Professional membership such as Australian College of Nurse Practitioners; leading practice innovation or change within your health service; leading professional development or mentorship of other nurses; leading/supervising clinical care)
- **Education:** (e.g., Providing education to other health professionals or consumers; developing education resources; participating in professional development opportunities such as conferences or workshops)
- **Research:** (e.g., participation in quality activities and/or audits; participation in clinical research as an investigator; implementing evidence-based practice)
- **Support of systems:** (eg planning and managing care/supporting decision making for health consumers; implementing best practice; membership of professional committees within your organisation governing clinical practice; developing guidelines or policies)

I, _____, **CERTIFY THAT**
(First and last name)

I have four years FTE experience (within the last 6 years) in _____
(Clinical specialty)

AND, have been working as an _____
(Advanced Practice Nursing role)

for a minimum of two years (FTE). I am currently employed at _____
(Organisation)



NS90 MASTER OF NURSE PRACTITIONER
Evidence of Advanced Practice Nursing
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APPLICANT DETAILS:

Name of applicant: (print)	First Name:	Last Name:	
AHPRA registration No:			
Specialty:		Years' experience in specialty:	
Organisation:			
Location (City and State):			
Present position:			
Ward/Unit/Department/Practice:			
Employment status (choose one):	<input type="checkbox"/> Full time <input type="checkbox"/> Part time (if part time, number of hours per week)		
Best contact number:	Email address:		
Applicant Checklist*:			
1. I am registered as a nurse (Division 1) with the Nursing and Midwifery Board of Australia without conditions <i>Please provide your Curriculum Vitae</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have a minimum of four years full-time equivalent clinical practice experience as a Registered Nurse in the nominated specialty <i>Please provide a Statement of service on letterhead</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have attached a one-page statement providing evidence of advanced practice nursing (please refer to the guideline below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have obtained a graduate certificate (or higher) qualification in nursing or in my nominated specialty area <i>Please provide evidence attached if obtained from an institution other than QUT</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I have attached a Letter of Support from my Executive Director of Nursing (or equivalent) in support of my QUT Master of Nurse Practitioner application		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If there are any changes to my circumstances (e.g. place of employment, clinical support team members, level of support) I will notify the Study Area Coordinator as soon as practicable.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that I am applying to undertake **NS90 Master of Nurse Practitioner** course at Queensland University of Technology, Faculty of Health, School of Nursing, in preparation for Nurse Practitioner endorsement. **I certify that** I have read the attached **course expectations related to the clinical learning environment and clinical support team** and I am aware of my clinical learning requirements if I am accepted into the course. I anticipate I can meet the expectations in terms of time and resources required, while I am undertaking the required two semesters of integrated professional practice. **I certify that** I have kept a copy of this letter of support for my records.

Signed _____ Date _____