

Exemplary Practice: Application for Continued Recognition

Tick relevant box

EP1 Nurse 1 EP1 Nurse 2 RN/RM EP2 Nurse 2 RN/RM

EP status previously held years?

Applicant's Details

Name

.....

Work Unit /

Location.....

Home Postal Address

.....

Complete the following Checklist prior to submitting the EP Application

- Application Cover Sheet
- Professional Portfolio
- Evidence of Achieving Work Partnership Plan Goals
- Verification of Nursing Practice Statement by Clinical Nurse Manager
- Verification of Nursing Practice Statement by Clinical Nurse Educator or Clinical Nurse Specialist
- Copy of Description of Clinical Work Environment
- Other Supporting Documentation (write name/s)

Send Completed Applications to your EDON, ND or Community Health Manager.

ENDORSEMENT OF APPLICATION

Nursing Director or Clinical Nurse Manager (Community Health only)

Name:

Signature:Date: ___/___/___

Executive Director of Nursing, Nursing Director or Community Health Manager:

Name:

Signature:Date: ___/___/___

Developed By:

Effective:

13/03/2009

Office of the Principal Nursing Advisor

Review Date:

13/03/2012



Northern
Territory
Government

DEPARTMENT OF HEALTH AND FAMILIES

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