**SINGAPORE NURSING BOARD**

**ADVANCED PRACTICE NURSE (APN) CERTIFICATION**

**PROPOSED APN SCOPE**

**A. Information of Applicant**

|  |
| --- |
| Full Name *(as it appears on NRIC/Passport) (in BLOCK LETTERS) (Please underline Family Name)* |
| SNB Registration Number |
| Area of Practice   * Medical/Surgical. Specify sub-discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Medical/Surgical (Paediatrics). Specify sub-discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**B. Information of Employment**

|  |  |
| --- | --- |
| Name of Employer |  |
| Name of Institution |  |
| Name of Department  (if applicable) |  |
| Ward/ Setting |  |
| Patient Profile |  |
| Clinical Duties and Responsibilities/ Job Summary |  |
| Procedures (if applicable) |  |

**C. Information of Clinical Supervisor**

|  |  |
| --- | --- |
| Name & Designation of Clinical Supervisor: |  |
| Singapore Medical Council Registration No.: |  |
| Clinical Specialty: |  |

**D. Information of Institution CAC**

|  |  |
| --- | --- |
| Chair, Institution CAC  Name:  Designation:  Email Address: |  |
| APN Lead  Name:  Email Address: |  |

**E. Information of Cluster CAC**

|  |  |
| --- | --- |
| Name & Designation of Chair, Cluster CAC: |  |
| Email Address: |  |

*(3rd version as at Oct 2022)*

*(2nd version as at Jul 2021)*

*(1st version as at Sep 2018)*