**APN Certification Proposed Scope Format**

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| --- | --- |
| **Name**: | **Nurse Registration Number**: |

|  |  |
| --- | --- |
| Area of Practice(Please specify discipline)   * Acute Care * Medical/Surgical. Specify sub-discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Mental Health. Specify sub-discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Community * Medical/Surgical (Paediatrics) |

|  |  |
| --- | --- |
| Name of Employer |  |
| Ward/ Setting |  |
| Department  (*if applicable*) |  |
| Patient Profile |  |
| Clinical Duties and Responsibilities/Job Summary  ***(****attached separate pages (if required)* |  |
| Procedures (*if applicable*) |  |

*(as at Sep 2018)*