**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)
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|  |  |
| --- | --- |
| 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)*