

**APPLICATION FOR INITIAL ACCREDITATION**

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| --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | **First Name:** |  | |
|  |  | | |  |  | |
| **Work Setting (Primary/Secondary/ Tertiary)** |  | | | **Ethnicity** |  | |
|  |  | | |  |  | |
| **Business Address:** |  | | | | | |
|  |
|  |
| **Private Address:** |  | | | | | |
|  |
| **E-mail:** |  | | | | | |
|  |
| **Phone No. (Bus):** |  | | | **Phone No. (Home):** | |  |
|  |  | | |  | |  |
| **Scope of Practice:** | RN / NP | | | **Prescriber** | | YES / NO |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **NZNO Membership Number:** |  | | | **Highest Academic Qualification** | |  |
| *Office use only*  *Confirmation of membership \_\_\_\_*  *Receipt of fees\_\_\_\_\_\_\_\_\_\_\_\_\_* | |  |  | | |  |



**APPLICATION FOR INITIAL ACCREDITATION**

The accreditation process is open to registered nurses specialising in diabetes education, clinical management and research. To apply for accreditation the nurse must be working in the field of diabetes. Applicants can apply at Proficient or Specialist level. **Please indicate with a tick (🗸) the level for which you are applying and fill out the relevant page (3 or 4) along with the declaration and verification form.**

**Level Page**

Proficient 3

Specialist 4

Declaration Form 5

Verification Form 6

**Please refer to the Accreditation Guideline for evidence requirements, particularly in relation to the requirements for supporting clinical evidence**



**APPLICATION FOR INITIAL ACCREDITATION**

I am applying for initial accreditation as a **Proficient diabetes nurse.**

I have provided the following information:

Pages 45 – 46 from Section 9 – Proficient Diabetes Nurse of the NDNKSF (2018), which has been completed and **signed by my nurse manager or an** **accredited Specialist diabetes nurse**.

A description AND supporting clinical evidence of how my practice contributes towards the following eight outcomes:

Risk reduction

Screening/detection

Management

Assessment/care plans

Education

Treatment

Collaboration

Improving equity and equality

Current Annual Practising Certificate (refer to the Guideline for details)

Declaration of applicant

Verification of application

Accreditation fee



**APPLICATION FOR INITIAL ACCREDITATION**

I am applying for initial accreditation as a **Specialist diabetes nurse**

I have provided the following information:

Pages 63 – 65 from Section 10 – Specialist Diabetes Nurse of the NDNKSF (2018), which has been completed and **signed by my nurse manager or an** **accredited Specialist diabetes nurse**.

A description AND supporting clinical evidence of how my practice contributes towards the following eight outcomes:

Risk reduction

Screening/detection

Management

Assessment/care plans

Education

Treatment

Collaboration

Improving equity and equality

Evidence of completing postgraduate education, at PG Dip or higher, with a focus on diabetes (refer to the Guideline for evidence requirements)

Current Annual Practising Certificate (refer to the Guideline for details)

Declaration form

Verification form

Accreditation fee

**DECLARATION OF APPLICANT**

Authenticity, validity, accuracy, currency and confidentiality are all principles which ensure the quality of the assessment process.

I, the applicant, declare that (tick [**🗸**] the box):

This application is a true and correct record of my nursing practice over the past three years and is related to my current area of practice.

I have checked and removed all identifiable information from my portfolio. I understand that if any breach in confidentiality is found then the assessment of my work will stop that portfolio will be returned to me for review and resubmission. I understand that if the assessment cannot be completed within the requisite timeframes then my portfolio will be held over until the next accreditation round.

I agree to have my work assessed against the requirements set out in the Accreditation Guideline by assessors appointed by the Aotearoa College of Diabetes Nurses of NZNO.

I understand that my portfolio may be selected for external moderation and give my consent for this to occur.

I understand that I have the right of appeal to the Aotearoa College of Diabetes Nurses using the appeal process outlined in the Accreditation Guideline.

I understand that my application may be audited for purposes of authentication.

I understand that my work will not be used for any other purpose unless it has my specific consent.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION OF APPLICATION**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete all 4 sections

1. I, the person verifying this portfolio, have read and discussed this portfolio in its entirety with the applicant and verify that it is a true and accurate record of the applicants nursing practice and activities.

**Yes**  **No**

1. I verify that the evidence provided by the applicant reflects the level of knowledge and skill applied for as defined in National Diabetes Nursing Knowledge and Skills Framework (2018).

**Yes**  **No**

1. I hold current accreditation with ACDN (NZNO) AND / OR am the applicants Nurse Manager.

**Yes**  **No**

1. Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_