

Annex A2

Notification of Newly Qualified Nurse Prescriber Change in Circumstances

Use this form to advise details relating to Practice and PMS Pilot Nurse Prescribers.

Use only one form per nurse.

Email to: prescribing.management@wales.nhs.uk

FROM: Health Authority

PLEASE TICK	TYPE OF CHANGE	NOTES ON COMPLETION
	Newly qualified nurse prescriber	Please complete sections A and B and Part C1
	Nurse working for additional practice	Please complete part A1 and A2, Section B and Part C1
	Nurse's employment ends at specified practice	Please complete, as a minimum, parts A1, A2, B1, B2 and C2
	Nurse details to be removed from all current organisations	Please complete, as a minimum, parts A1, A2 and C2
	Change of Surname	Please complete sections A and B

EFFECTIVE DATE OF THE CHANGE (TO BE COMPLETED IN ALL CASES):

SECTION A: Nurse prescriber details

Ref	Description	Details
1	Nurse UKCC PIN Number	
2	Nurse Name and Initials	
3	Title (e.g. Mr/Mrs/Miss/Ms/ Sister, etc)	
4	Qualification (i.e. District Nurse or Health Visitor)	
5	Nurse prescribing training examination pass date	

SECTION B: Practice/PMS Pilot details

Ref	Description	Details
1	Practice code or code of Senior GP (state which)	
2	Practice/Senior GP name	
3	Main surgery address & telephone number	

SECTION C: Details of the nurse prescriber in the Practice/PMS Pilot

Ref	Description	Details
1	Start date in Practice/PMS pilot	
2	End date in Practice/PMS pilot	

Signature: Health Authority/Practice/PMS Pilot employee providing information*

Name: Health Authority/Practice/PMS Pilot employee providing information*

* *please delete as appropriate*