**Credentialing for Nurses – Reference Template**

**For Re-Credentialing Applicants**

*Please ask your referee to use this template when providing the reference. This will ensure all the required information is obtained and your application will not be unnecessarily delayed.*

**RE-CREDENTIALING APPLICANTS:**Please provide the reference template to **one** referee. (If your referee is not registered with AHPRA, two referee reports will be required).

**Reference for a mental health nurse application for Specialist Nurse Credentialing**

You have been asked to provide a reference for a nurse who is seeking re-credentialing as a mental health nurse. Your reference is an important part of the credentialing process and your interest and contribution are appreciated

Credentialing is a formal but voluntary process recognising that an individual nurse has met the standards of practice set by the Australian College of Mental Health Nurses. Maintaining a credential is important for mental health nurses. Credentialing offers tangible benefits for the individual, the employer, and most importantly the patient and community.

Credentialing

* improves professional accountability
* provides a focus on evidence based practice and health outcomes
* establishes a commitment to ongoing education and practice development
* safeguards the quality of health care delivery, and
* upholds standards and ethics of the profession.

**Referee Criteria**

* A referee must provide an individual reference not prepared by the applicant.
* It is preferable that a referee has been working in a professional relationship with the applicant in the area of mental health nursing for at least 6 months in the last three years.
* A referee should be a person in a senior or supervisory capacity to the applicant, or had direct involvement in assessing the applicant’s clinical capacity.
* A referee cannot be subordinate to the applicant.
* A referee must not be a relative, partner or in another close personal relationship with the applicant.
* A referee should be familiar with the content of the applicant’s credentialing application and be prepared to be contacted by a Peer Reviewer to clarify or verify details or provide further information about an application.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

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| **Name of applicant:** |  |
| **Referee full name:** |  |
| **Position/Title:** |  |
| **Postal address:** |  |
| **Daytime phone contact:** |  |
| **Email address:** |  |
| **Alternative phone contact:** |  |
| **Date of reference** |  |

**Information required in relation to applicant.**

1. In what capacity do you know the Applicant? (*e.g. colleague, professional supervisor, peer, associated health professional*)

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1. How long have you known the Applicant? (*Approximate number of years, and actual time in months where this period is less than two years*).

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| --- | --- |
| Years:  | Months:  |

1. Please provide your detailed comments and observations in relation to the practice and performance of the Applicant in the specialist area of practice. Consider: how the applicant demonstrates collaborative holistic ethical practice that supports the needs of the consumer(s); evidence based individualised practice through the application of specialist knowledge, and the incorporation of the relevant specialist Standards of Practice.

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1. Do you know of any information that may give rise to concern about the Applicant’s ability/specialist knowledge relating to the specialist area of practice?

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1. Do you have any professional concerns relating to this Applicant being awarded a national credential in the specialist area of practice? (*Consider the impact of a credential on consumer expectations, peer expectations, safety and quality issues*).
* Yes 🞎 No

If yes, please provide further information.

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I declare that the information I am providing is accurate to the best of my knowledge. I warrant, that I have not omitted information relevant to the application, that if included may give rise to concerns within the community generally about the appropriateness of the applicant holding a Credential for Practice, or the integrity of this program.

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| **Signature:**  | **Date:**  |