SINGAPORE NURSING BOARD

Questionnaire about Advanced Practice Nurse (APN) Internship & Practice in my Organisation

(To be completed by applicants applying for NUS Master of Nursing Programme)

A. About Myself

1. Full Name *(as it appears on NRIC/Passport) (in BLOCK LETTERS) (Please underline Family Name):*
2. SNB Registration Number:
3. Date of joining my employing organisation:
4. Current designation in my employing organisation:

B. About my Employing Organisation and Place of Practice

(The organisation and place of practice which will be supporting my APN internship & practice.)

1. Name of organisation *(Please also provide organisation's official website address if any.)*	
2. Organisation profile	
a. Clinical area/ setting of the organisation	☐ Acute hospital ☐ Home care/ Hospice care ☐ Community hospital ☐ Day care ☐ Nursing home ☐ Others (Pls specify): _____
b. Size of clinical area/s (e.g. no. of beds &/or chairs, average monthly patient attendance, etc.)	

3. Name of Place of Practice (PoP) where I will be practising as an APN *(Complete this section if PoP is different from employing organisation)*	
4. Place of practice profile	
a. Clinical area/setting of PoP	☐ Acute hospital ☐ Home care/ Hospice care ☐ Community hospital ☐ Day care ☐ Nursing home ☐ Others (Pls specify): _____
b. Size of clinical area/s (e.g. no. of beds &/or chairs, average monthly patient attendance, etc.)	

C. About the Nursing Governance in my Employing Organisation

5. Nursing oversight in my employing organisation	Yes	No	If yes, please provide information:
a. There is a Chief Nurse/ Director of Nursing who is accountable for all nursing related matters such as maintaining nursing standards and practice as well as oversight of the nursing care services in the organisation.	☐	☐	**Name:** **Designation:** **SNB Registration Number:**
b. There is an APN Lead who is in-charge of all APN related matters[1].	☐	☐	**Name:** **SNB Registration Number:**
c. There is at least an APN currently practising in the organisation.	☐	☐	**Name & SNB Registration Number of APN** / **Name, SMC Registration Number & Designation of Collaborating Physician** *(Pls provide separate list if required)*

D. About the Medical Governance in my Employing Organisation

6. Medical oversight in my employing organisation	Yes	No	If yes, please provide information:
a. There is a Chairman Medical Board, Medical Director or Head of the Medical Department, or equivalent, who is/are accountable for the overall medical services in the organisation.	☐	☐	**Name:** **Designation:** **SMC Registration Number:**

E. About Committee Governance of APN Practice in my Employing Organisation

7. Committee oversight of APN practice in my employing organisation	Yes	No	If yes, please provide the name of the committee, composition of the committee and attach its Terms of Reference:
a. There is a committee which has the governance oversight of APN practice and related matters in the organisation.	☐	☐	

[1] *The APN Lead should be a senior APN with more than five years of post-certification experience. He/she oversees the implementation of IAI, and the APN interns may consult and seek help from. Please refer to MOH IAI handbook for the APN Lead's role and responsibilities.*

F. About my Clinical Supervisor for my APN Internship and Practice

8. Clinical supervision of my APN internship and practice	Yes	No	If yes, please provide information:
a. There is a clinical supervisor[2] identified to supervise my APN internship and my future APN practice at the organisation/ PoP.	☐	☐	**Name:** **Designation:** **SMC Registration Number:** **Clinical Specialty:**
b. The clinical supervisor is practising at the same organisation/ PoP as I am.	☐	☐	If not practising at the same PoP, please state the usual PoP:
(i) If the clinical supervisor is practising at the same organisation/ PoP as I am, is he/she practising full-time?	☐	☐	*If only part-time, specify no. of hours a week or no. of clinical sessions a week.*
(ii) If the clinical supervisor is not practising at the same organisation/ PoP as I am, how will supervision take place?			Please elaborate:
c. There are other medical doctors practising at the organisation/ place of practice who can also supervise my APN internship and practice when my clinical supervisor is absent.	☐	☐	

G. About my Potential APN Role and Scope

(My potential role and scope as an APN in my employing organisation/ place of practice.)

9. APN practice in my employing organisation	Yes	No	If yes, please provide details of the potential APN role & scope:
a. There has been prior discussion about my future role & scope as an APN in the organisation/ PoP.	☐	☐	

H. About my Institution and Cluster CACs

10. Evaluation of my APN internship progress	Yes	No	If yes, please provide information:
a. There is an Institution CAC to evaluate my APN internship progress and recommend my suitability to the Cluster CAC for APN certification.	☐	☐	**Name of Institution CAC:**_____
b. There is a Cluster CAC to evaluate my APN internship progression and provide the final recommendation for APN certification.			**Name of Cluster CAC:**_____

[2] Clinical Supervisor must:

- Be a medical specialist (registered with the Singapore Medical Council) practising in the specialty or field relevant to the applicant; or an APN with at least 5 years of post-APN certification experience currently practising the extended clinical skills as required by the applicant in his/her specialty or field of practice.
- Not be supervising more than 3 interns/trainees (including the applicant).

Please refer to MOH IAI handbook for the Clinical Supervisor's role and responsibilities.

I. Other Information to Support Development of my APN Practice in my Employing Organisation

J. Submitted By

Name:	
Signature:	
Date of submission:	
Email:	
Handphone number:	

(As at Jul 2022)