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| Radiology NDDH - Approval Form for Non-Medical Referrers. |
| Name: |  |
| Job Title: |  |
| Email Address: |  |
| HCPC or Professional Registration No: |  |
| Date & Location of Most Recent IR(ME)R Training: |  |
| Date of Application: |  |
| Name of Manager/Responsible Clinician Supporting your Application: |  |
| Signature of Manager/Responsible Clinician Supporting your Application: |  |

Have you (please circle):

* Registered with the NMC/HCPC? YES/NO
* At least 3 years post-registration experience? YES/NO
* Undertaken a recognised post registration course which includes physical examination and diagnostic reasoning to become a qualified Advanced Nurse Practitioner or Extended Scope Practitioner? YES/NO (Please give details of course completed in the space below).
* Have a Scope of Practice in place that will support you in the role of a being a Non-Medical Referrer? YES/NO

Briefly Outline Your Role indicating why you are applying to become a Duty Holder under IR(ME)R:

Was this identified at Appraisal?

Views and/or examinations you wish to request?

What clinical conditions will you be requesting these for?

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| Radiology Management Group Approval Given by: |  |
| Date of Approval: |  |

Following approval by the Radiology Management Group you will be expected to have and work within a specific Scope of Practice and have this available for inspection should the need arise, undertake annual audit of your practice and complete update training of IR(ME)R every three years.

You will also have the responsibility as a Referrer under IR(ME)R to ensure that a clinical evaluation of the examination is made and recorded.