Master of Nurse Practitioner: Statement of Employer Support

Applicant Details	First Name	Surname
	Date of Birth	
orogram. As part o	of the requirements for the cal practice hours over the co	ment in Curtin University's Master of Nurse Practitioner education degree, the student must undertake a total of <i>300 supervised</i> ourse of their three-year, part-time education program. Generally and third years of their education program.
 primary hea Although prostudent's us approved clitheir future 	Ithcare context. eferred, it is not a requireme cual workplace. The remaini nical placement site that has role as a nurse practitioner.	rs are required to be outside the student's usual employment in a nt the remaining 250 clinical practice hours be undertaken in the ing mandatory clinical practice hours can be undertaken at <i>any</i> been selected by the student, which adequately prepares them for
 approved m Although identification alone. 	edical practitioner or nurse preal, there is <i>no employer obl</i> ice hours. The costs of underter of Nurse Practitioner prog	hours is that they must be <i>directly or indirectly</i> supervised by an actitioner. <i>ligation to pay or subsidise</i> the student for those supernumerary aking the clinical practice hours are the responsibility of the student ram at Curtin University requires you, as the applicant's employer
☐ I agree to p	e above named applicant is my rovide flexible working arrang cice hours described above;	y employee; gements for the student, to allow them to undertake the required
I understand clinical pract		ion to pay or subsidise the student for the required supernumerary
	d it is ultimately the student's ice, although this can be facili	s responsibility to source appropriate clinical supervisors for their itated by their employer; and
although thi f you have any que:	s can be facilitated by their en stions or concerns regarding t	ng clinical placements is <i>ultimately the student's responsibility</i> , inployer. This form or the above information, please feel free to contact the by emailing nurse.practitioner@curtin.edu.au .
First Name		Surname
Position Title		Organisation
Signature		Date

Electronic signatures accepted if this form is sent via email.