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**Employer Declaration of Support Template**

*[Company Letterhead]*

*[Date]*

**RE: Nurse Practitioner Training Programme – Employer Declaration of Support**

*[Insert Employee Name]*

Please Tick

* I/we declare that I/we shall support the employee named above in the completion of the Nurse Practitioner Training Programme with the goal of registration as a Nurse Practitioner upon completion.
* The above-named employee shall be offered a Nurse Practitioner role within our organisation at the same FTE as currently employed or a minimum of 0.6FTE (whichever is the greater) once the NP Training Programme is completed and NP registration has been achieved with the Nursing Council of NZ Aotearoa.

We agree to ensure that STUDENT NAME receives the following support:

* A minimum of 500 **supernumeray** hours (16 hours per week through the practicum year) clinical release time. The intern will be released from regular work responsibilities to undertake advanced clinical practice at an NP intern level with supervision.
* This includes at least 80 hours in a secondary placement. Clinical experience can be through the nurse's existing workplace, and/or with other employers/practice settings.
* The secondary placement hours must be provided by an NP if the primary clincal supervisor is a senior doctor which may mean being released to do these hours off site
* Release from work to attend all university study days (approximately 12 across the year).
* Provision of and support of a clinical supervisor (NP or senior doctor) who is willing to mentor the attainment of the advanced skills and competencies required for NP practice. At least one of the clinical supervisors (primary or secondary placement) must be a Nurse Practitioner.

I/we acknowledge that the NPTP will allocate the following funds to support this:

|  |  |  |
| --- | --- | --- |
| **Funding type** | **Amount per year (excluding GST)** | **Payment Schedule** |
| Clinical release time (500 hours) *To support backfill for the nurse so they can be released to complete their required NP internship hours.* | $15,000.00 | There will be two payments, one per semester. Payments will be made following receipt of invoice with Purchase Order number (to be supplied by the University). |
| Clinical supervision allowance *To acknowledge the time and responsibility required of the clinical supervisor to teach and mentor in the practicum hours.* | $5,600.00 |
| Study day release time *To release the nurse to attend the University study days.* | $3,000.00 |

Regards,

*[Insert signature]*

*[Employer Name]*

*[Employer Role Title]*

*[Employer Organisation]*

*[Employer Address & Phone Number]*