

Nurse Practitioner Radiology Referral Rights Endorsement Process



Statement

Ordering diagnostic imaging (DI) is within the registered scope of the Nurse Practitioner (NP). This form outlines the endorsement process for NP radiology referrers. The NP radiology endorsement targets two steps (1) preparation for new referrers and then (2) formal endorsement with Principal Licensee sign off. A NP Candidate with a Clinical Master can commence the endorsement preparation but must be NP registered before completing the endorsement process to gain radiology referral rights.

Principal Licensee

Name:			
Medical Registration Number:			
Radiology Department DHB			
Signature:		Date:	

Nurse Practitioner - scope of practice information

Name:			
Registration date:		Attach photocopy of APC card (front and back)	
Registered area of practice:			
Employer & DHB region:			

Nurse Practitioner Candidate - can commence endorsement preparation part of process (Step One)

Name:			
Clinical Masters or equivalence details: Please attach evidence		Date Conferred:	
NZNC Registration Number:			
Area of practice:			

Step One - Endorsement Preparation

Relevant training courses applicable to practice setting : NOTE Certificates of attendance must be attached

Establish access to PACS images - HHS staff only		Date completed:	
Read Radiology Services Plan		Date completed:	
Radiation protection course - location attended		Date attended:	
Radiology Department session: (If ordering through department)		Date attended:	
Radiology ordering system IT/SWO training - PACs		Date attended:	
Primary Health Care radiology ordering processes learnt		Date completed:	

Clinical training opportunities with supervised DI ordering - signed by Doctor only

Details:			
Medical Consultant General Practitioner name:		RMO Registration number:	

Step Two - Formal Endorsement for NP Radiology Referral Rights

Ultrasound - ten reviewed orders

Reviewing Doctor:		Registration Number:	
Signature:			
Reviewing Doctor:		Registration Number:	
Signature:			
Reviewing Doctor:		Registration Number:	
Signature:			

Parameters of diagnostic ordering

Define population and type of orders for each endorsed diagnostic imaging modality:

This section must be typed:

Principal Licensee sign off		Date:	
Comments			

Plain Film - ten reviewed orders

Reviewing Doctor:		Registration Number:	
Signature:			
Reviewing Doctor:		Registration Number:	
Signature:			
Reviewing Doctor:		Date:	
Comments:			

Parameters of diagnostic ordering

Define population and type of orders for each endorsed diagnostic imaging modality:

This section must be typed:

Principal Licensee sign off		Date:	
Comments			

Note: For DHB Hospital and Health Service employees only
Additional Diagnostic Imaging appropriate to area of practice

State radiology referral rights for ordering: _____

Diagnostic Imaging type () - ten reviewed orders

Reviewing Consultant:		Registration Number:	
Signature:			
Reviewing Consultant:		Registration Number:	
Signature:			
Comments:			

Parameters of diagnostic ordering

Define population and type of orders for each endorsed diagnostic imaging modality:

This section must be typed:

Principal Licensee sign off		Date:	
Comments			

Note: For DHB Hospital and Health Service employees only
Additional Diagnostic Imaging appropriate to area of practice

State radiology referral rights for ordering: _____

Diagnostic Imaging type () - ten reviewed orders

Reviewing Consultant:		Registration Number:	
Signature:			
Reviewing Consultant:		Registration Number:	
Signature:			
Comments:			

Parameters of diagnostic ordering

Define population and type of orders for each endorsed diagnostic imaging modality:

This section must be typed:

Principal Licensee sign off		Date:	
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Comments	
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