Applicants Submission for Assessment
Progression or Maintenance

Name: _____

Position: _____

Work Area: _____

Annual Practicing Certificate Number: _____

Current PDRP /QLP level (if applicable): _____

This is an Application For:

- Progression to: _____

OR

- Maintenance of: _____

1. I request an interview with my assessor(s) even if all the evidence is provided in a written form:

Yes / No

Signature: _____ **Date:** _____

Applicant to Complete and forward with your portfolio to:

PDRP Co-ordinator/ Nurse Educator

PDRP Office Use Only

Date Application Received: ……. ……...

Assigned Assessor:……..……..

Moderator / 2nd Assessor ……..…….

NCNZ Data Base / Certificate Letter: Candidate / CNL / HR