



# Recertification audit checklist

Surname:

First names:

Registration Number:

**I have enclosed the following information** (please tick)

**YES**

**NO**

**Evidence of practice hours**

☐☐

*Has this been signed by your employer or manager?  
(including address and telephone number)*

☐☐

**Evidence of professional development hours**

☐☐

*Has this been signed by your employer, manager or educator?  
(including address, telephone number and designation)*

☐☐

*Is a statement of what you learnt included?  
(This should explain how the course or activity affirmed or  
influenced your practice. This could be either a short statement  
for each course or activity or a more detailed statement for  
3 key courses or activities).*

☐☐

**Evidence of two assessments of competence**

☐☐

*Have **both** assessments been signed by nurses?  
(including addresses, telephone numbers and designations)*

☐☐

*Is your self assessment signed by another registered nurse?*

☐☐

*Additional evidence for expanded practice if applicable<sup>1</sup>*

☐☐

**Please attach this form to your evidence.**

**Important note:** do not send your complete portfolio to the Council, only the relevant documents are required. Please do not send original documents. Documents sent to the Council as part of the audit will not be returned. **Please note that the Council does not keep copies of your documentation.** If you have any further queries please contact [audit@nursingcouncil.org.nz](mailto:audit@nursingcouncil.org.nz)

<sup>1</sup> **note:** This only applies to nurses who are working in clinical roles that are at the boundaries of nursing practice. eg. first surgical assistant, nurse colposcopist.