

CONFIRMATION FORM

You **must** use this form to record your confirmation. This form should be completed, stored and shared in manual paper form, as opposed to electronically. This is important because creating, storing or sharing this data electronically may trigger an obligation to register with the Information Commissioner. Please refer to Guidance sheet 1 in *How to revalidate with the NMC* for further information. For this reason this form is not editable.

To be completed by the nurse or midwife:

Name:	
NMC Pin:	
Date of last renewal of registration or joined the register:	

I have received confirmation from (select applicable):

- A line manager who is also an NMC-registered nurse or midwife
- A line manager who is not an NMC-registered nurse or midwife
- Another NMC-registered nurse or midwife
- A regulated healthcare professional
- An overseas regulated healthcare professional
- Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	
Job title:	
Email address:	
Professional address including postcode:	
Date of confirmation discussion:	

If you are an NMC-registered nurse or midwife please provide:

NMC Pin:

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country:

Profession:

Registration number for regulatory body:

If you are another professional please provide:

Profession:

Registration number for regulatory body:

Confirmation checklist of revalidation requirements

Practice hours:

- You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

Continuing professional development:

- You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife
- You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.
- You have seen accurate records of the CPD undertaken.

Practice-related feedback:

- You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

Written reflective accounts:

- You have seen five written reflective accounts on the nurse or midwife's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion:

- You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself).

I confirm that I have read *Information for confirmers*, and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over the three years since their registration was last renewed or they joined the register as set out in *Information for confirmers*.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse or midwife's revalidation application at risk.

Signature:

Date: