



**AUTHORISATION FOR REGISTERED NURSES TO  
SUPPLY THE EMERGENCY CONTRACEPTIVE PILL  
(ECP)**

# ECP INFORMATION SHEET

## Introduction

Registered nurses who are practising within the specific area of sexual and reproductive health may apply to the Nursing Council for authorisation to supply the Emergency Contraceptive Pill (ECP).

Approval is granted for a period of 5 years. Nurses will be required to reapply for authorisation and submit evidence as below, at the end of 5 years and will be advised by the Nursing Council when this is due (this will be timed to coincide with renewal of annual practising certificates).

Registered nurses approved to supply the ECP will have this authorisation on the Register, and included in the public information in the online Register available through the website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz).

## Eligibility

Registered nurses must meet the following criteria to apply for authorisation to supply ECP:

- Current annual practising certificate
- Registration as a Registered Nurse; with a condition to practice in general nursing/general and obstetric nursing; or no conditions and practising within the specific area of sexual and reproductive health.
- Evidence that the applicant has completed an approved training course with at least 3 hours covering the ECP completed within the last 5 years.
- 12 months or more experience in a relevant area of practice. For example, nurses employed by the Family Planning Association may apply before 12 months and provide an attestation by a senior colleague that (s)he has competently managed, documented and logged 20 ECP consultations.

## Renewal

Registered nurses authorised to supply the ECP must provide evidence every five years that they remain competent to do so.

Every five years, in addition to completing an application form nurses are required to provide evidence of on going professional development in the area of sexual and reproductive health and ECP. This evidence may include an attestation from the nurses' nursing or medical colleague (who holds a current practising certificate) that the nurse maintains current best practice in the provision of ECP and has completed a minimum of 20 ECP consultations in the previous year. Alternatively the nurse can provide evidence of attending an approved ECP update within the past five years

Application for Registered Nurses seeking authorisation to supply the Emergency  
Contraceptive Pill

**Surname:** \_\_\_\_\_

**Given name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone (day):** \_\_\_\_\_

**Purpose of Application/Declaration**

This application and declaration below must accompany your supporting material to confirm that the information given by you in support of your application is true and correct.

**DECLARATION**

Signature

Date

**An application fee of \$70.00 must accompany your application.<sup>1</sup>**

In accordance with the Privacy Act 1993, the personal information collected by the Nursing Council of New Zealand is confidential to the Council and is used for the purposes of processing an application for authorisation to supply the Emergency Contraceptive Pill. The Council may disclose the information to a third party for processing/administrative and/or purposes connected with that authorisation. The applicant has the right of access to and correction of personal information held by the Nursing Council.

---

<sup>1</sup> Please do not send cash in the post.

**1. Employment:**

Area of nursing practice (please give an indication of the location of your practice, e.g. sexual health clinic, general practice clinic):

---

---

---

---

---

---

How long have you practised in this area?

---

---

Please explain why you need to supply the ECP as part of your practice:

---

---

---

---

---

---

---

---

Name of current employer:

---

---

Name of contact person (if different from above):

---

---

Contact person's phone number: \_\_\_\_\_

**2. Programme of Training:**

*Please attach a Certificate of the programme completion or a verification from the education provider to support your application.*

Name of course(s) or training completed:	Length of the course(s):	Date(s) completed

**3. Legal responsibilities:**

I am aware of my legal responsibilities under the Medicines Act 1981 and Medicines Regulations 1984 as they relate to the sale of the Emergency Contraceptive Pill.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

---

**NOTE:** Registered nurses authorised to supply the Emergency Contraceptive Pill need to abide by the requirements of the Medicines Regulations 1984. That also includes information specified in Regulation 23 (labelling), Regulation 40, 41 (form of prescription) and Regulation 42 (dispensing of a prescription medicine) and Regulation 44 of the Medicines Regulations 1984.