**Registered Nurse Prescriber in Primary Health and Specialty Teams**:

**Recertification Audit for Nursing Council of New Zealand**

**To Nursing Council of New Zealand**

Name of Nurse: Registration number:

As an authorised prescriber, I have been a prescribing mentor for the named nurse and can confirm they have completed 40 days (320 hours) of prescribing practice annually and maintained prescribing competence.

Authorised prescriber name:

Role:

Registration number:

Signature:

Date: