



## Certificate in Acute Medicine Nursing

**Applicants Name:** .....

**Work Location:**.....

**Grade:** .....

**NMBI PIN:**.....

### To be completed by Line Manger (ADoN or above):

I confirm that ..... (applicant's name) has been approved to undertake the Certificate in Acute Medicine Nursing course commencing on ..... (start date).

Signed:

Date:

I confirm that ..... (applicant's name) will be employed in an AMU<sup>1</sup> for the duration of the Certificate in Acute Medicine Nursing course.

Signed:

Date:

### To be completed by the applicant:

I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Acute Medicine Nursing course.

Signed:

Date:

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1 Acute Medicine Unit, Acute Medical Assessment Unit, Medical Assessment Unit, Acute Medical Short Stay Unit, Emergency Department, Local Injury Unit or Acute Medical Wards (excluding rehabilitation and stroke units).