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**Confirmation of Teaching Requirements for Admission to Health Professions Education (HPE) Programme**

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| **Student Name** |  |
| **NMBI PIN** |  |

**This confirmation of teaching hours form must be completed by all appropriate person(s) in the Higher Education Institution(s) and/or Centre(s) of Nurse or Midwife Education, and the Healthcare Provider Organisation(s) providing the teaching opportunities and submitted with your application to UCD.**

I confirm that the above applicant has secured a minimum of 100 teaching hours, in which 80 of these hours relate to teaching in coherent, focused and distinctive theoretical courses or modules, and primarily to undergraduate students in a formal educational setting. I confirm that 20 of these hours relate to clinical teaching hours under the overall supervision of an experienced health professional educator and, in the case of nurses and midwives, a named Registered Nurse or Midwife Tutor. I further confirm that opportunities will be provided to observe the role of preceptors and lecturers in the relevant health profession and other health care specialists who coordinate students’ clinical learning experiences and the assessment of learning in practice.

Please provide clinical teaching supervisor name/s and contact details below (with NMBI PIN, where relevant):

|  |  |
| --- | --- |
| **Name** |  |
| **Institution** |  |
| **NMBI PIN (if applicable)** |  |
| **Email** |  |
| **Phone/Mobile** |  |

Signatures of authorised persons in organisations providing teaching experience:

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Signature/Date** |  |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Signature/Date** |  |  |

**Please add further signatories as required**