



Renal Nurses Association of the Philippines

MISSION

To advance the professional development of the registered nurses practicing and interested in nephrology, transplantation and related therapies and to promote the highest standards of patient care.

VISION

To present a professional atmosphere through teamwork, dedication, communication, leadership and pride of the member.

APPLICATION FORM FOR ACCREDITATION OF INSTITUTION

Name of Institution:		
Office Address:		
Tel. No.:	Fax No.:	E-mail Address:
Director/ Head of Nursing:		
Number of Current Nursing Staff:		
On-going Projects: Please include research projects undertaken by Nursing		
a.) with government organizations		
b.) with international organizations		
c.) with others		
Clinical Specialty/ Subspecialty Areas offered by the institution: (Pls. attach relevant documents as evidences)		
<input type="checkbox"/> Kidney Transplantation <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Hemodialysis <input type="checkbox"/> CRRT		
Criteria for Accreditation		
<input type="checkbox"/> Submission of unit manual (Mission/Vision/Goals/Objectives)		
<input type="checkbox"/> Data of individual members including RENAP membership		
<input type="checkbox"/> Individual certificate of dialysis training, seminars and convention		
<input type="checkbox"/> IV therapy certification		
<input type="checkbox"/> Program for continuing education		
<input type="checkbox"/> List of officials and members of the Board of Directors/ Nursing Organization Administrative officials		
Particulars of the Representative of the applicant institution		
Last Name:	First:	Middle Name:
Home Address:		
Tel. No.:	Fax No.:	E-mail Address:
Present Employment:	Position:	Area of Assignment::
Enclose payment <input type="checkbox"/> Application and Accreditation fee (P 3000.00)	For Official use only RENAP Officer: _____ Date: _____ Amount: _____	