**Professional Values and Revalidation Questionnaire**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please circle the appropriate answer)

1. Are you aware of NMC revalidation? YES NO
2. What is revalidation? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
3. Do you know your revalidation date? YES NO
4. Do you feel prepared for revalidation? YES NO

Please explain your answer:

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1. What information/support do you feel you need to revalidate?

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1. Do you know the main themes of the new Code? YES NO

If yes please state: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. Why do you think revalidation has been introduced?

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Many thanks for completing this questionnaire