

# EXCELLENCE IN CLINICAL NURSING



NURSING PATHWAYS



**KAISER PERMANENTE®**

**STAFF NURSE IV RENEWAL PACKET**  
*A step on the Nursing Career Ladder*

Revised November, 2018

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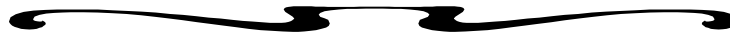
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# **Definition of Staff Nurse III/IV, and Home Health/Hospice Nurse III**

The Staff Nurse III/IV, HH/H III programs have been developed to offer recognition and career advancement opportunities for those nurses who have excelled in clinical practice, leadership and professionalism. The Staff Nurse III and IV, HH/H III roles are designed to enable the clinically expert Staff Nurse to find continuing recognition and rewards in the provision of direct care in his/her area of clinical specialty.

The Staff Nurse III/IV and HH/H III functions in the clinical setting as an exemplary care giver to patients, a model of proficiency for co-workers, and a colleague to physicians. From years of nursing experience and a continued expansion of clinical knowledge, the Clinical Expert (SN III & IV or HH/H III) is a skilled practitioner who demonstrates leadership by:

1. Identifying, communicating and fulfilling patient needs;
2. Coordinating and utilizing facility and community resources to meet patient needs;
3. Promoting a multi-disciplinary approach to patient care;
4. Assuming a teaching-coaching role with other nurses and health team members, and;
5. Maintaining a flexible approach to resource constraints.



**Through an intuitive use of knowledge, fine discretionary judgment, experience and leadership, the Clinical Expert is able to provide the best possible patient care in a safe environment.**

## Renewal Process

### Maintenance of Staff Nurse IV Designation

Renewal packets for Staff Nurse III or HH/H III are available from the nursing office/staffing office or the <https://nursescholars.kaiserpermanente.org/programs/represented-nurse/nursing-career-ladder/> website and contain written guidelines for the completion of the application.

The applicant may contact a member of the Facility Selection Committee to verify completeness of the application prior to submission. Additionally, the applicant must have a Mentor signature on their renewal to validate that all elements are complete

1. Renewal shall be every three (3) years.
  - A. The SN IV must continue to work an average of twenty-four (24) hours per week. (It is the nurse's responsibility to notify the facility selection committee if their hours drop below 24 hours.) See Verification of Hours Paid form for calculation.
  - B. The applicant for renewal must submit a portfolio including:
    - Completed renewal form with a required mentor signature
    - **Signed performance evaluation** based on the applicable performance standards for each year at the midpoint or above on average. Electronic and hand signatures are accepted; however, AACC requires hand signatures of RN managers on the evaluation.
      - Performance evaluation must be at mid-point or above average.
      - Performance evaluations are found on the MyHR website> KP &Me> Performance Management. At the bottom of the page you will find a link to "View your Performance or Development history" think link will allow you to print out all of your completed performance evaluations.
      - All pages of the performance evaluation must be submitted
    - **45 Continuing Education Units (CEUs) or Continuing Medical Education Units (CMEs)**
      - CEUs/CMEs must be ongoing over the last three years.
      - At least 50% of CEUs/CMEs must result from nursing specialty/clinical programs.
      - A written explanation or description of the course content's applicability may be requested with the portfolio by the committee for clarification.
      - Only courses that are approved by the BRN or for the Continuing Medical Education Units (CME) shall be applicable
      - Photocopies of CE, CMEs, and college credit certification need to be included in the portfolio when the application is submitted.

Clinical specialty courses must be related to the clinical patient population in your unit/department. ACLS, PALS, and NRP cannot count as clinical specialty CE if it is required for your job but they may count as general CE. ACLS, PALS, and NRP can count for clinical specialty CE if they are not required and are relevant to your patient population.

**4) Professional Participation** in four (4) of the following within the past thirty-six (36) months

- I. Active participation in quality activities which must be of an ongoing nature with participation occurring over at least six (6) months per year for two (2) of the past three (3) years, e.g., PPC, Safety Committee, organizationally sanctioned peer group or committee, RNQL.
- II. Teaching Activities: Teaching activities are not necessarily ongoing in nature. They may be significant one-time events.
  - Formal in-service/presentation
  - Informal in-service/presentation
  - Community teaching (community teaching must be voluntary)
  - Health care related research
  - Development and/or presentation of patient education programs.
  - Orienting or cross-training
  - Other

Examples are: teaching guidelines, new grad preceptor, assisting with a complex skills day or facility-wide training, such as blood borne pathogens. Examples of health related community work are: a school demonstration project, involvement in a respite program, active participation in a health fair or health screening, teaching a first aid course. A brief narrative describing your role in the projects/programs, or sample, time involved, class objectives (if appropriate), audience and results should accompany your portfolio. For publications, please enclose a copy of the article you wrote.

- III. Leadership Activities
  - Hold a Charge Nurse, Chief Nurse Rep, Nurse Rep or other CNA leadership position
  - Committee or task force, e.g., GRASP
  - Special projects/presentation
  - Standardized Care Plan/Clinical Pathway
  - Health related community organization/service (community service must be voluntary)
  - Mentor two (2) new graduate RNs for up to eighteen (18) months within the last thirty-six (36) months, in accordance with contractual provisions in Section X
  - Other

Examples of written standards of nursing care are: the actual writing of a standard or involvement in the annual review of the same; the writing of a policy or procedure. A sample of the standard should be included in the portfolio if possible.

- IV. One of the four (4) professional participation activities must be:
  - Work in a RN Expanded role or participate as a preceptor in the area of clinical specialty EACH year.

- Expanded roles must be approved by Interdisciplinary Practice Committee (IDPC) or DON-CPs and Department Chief

- RN expanded roles adhere to a standardized procedure/protocol
- Expanded roles are not a temporary assignment.

If there is no opportunity to act in these roles within a clinical department, completion of an additional special project may be substituted as agreed upon with the Nurse Manager.

- |  |
|--|
| <ul style="list-style-type: none"> <li>• A special project must be completed for EACH year or ongoing over TWO or THREE years.</li> <li>• A special project has a beginning and an ending or renewed EACH year by manager.</li> <li>• It has an objective and has a product that can benefit staff, visitors or patients.</li> <li>• This requirement can be satisfied in the following ways: by being a project leader or being a task force member on a project.</li> <li>• In both situations, a brief description of the project should be included in the portfolio.</li> </ul> |
|--|

***Additional CEU documentation or descriptions of additional professional contributions may be submitted in case some do not meet requirements.***

## The Role of Mentors

For Staff IV renewals, you must select a **mentor** to assist you in the renewal process. Choose a mentor from the local FSC mentor list. The Applicant-Mentor relationship is required, and, ideally, the relationship would start at least one month before the application deadline.

A mentor can be either a member of the Facility Selection Committee or a Staff Nurse III/IV, Home Health III who can offer suggestions to improve the application portfolio of staff prior to submission. Names of the Facility Selection Committee Members will be posted on the Association's bulletin board in each facility. The Local Facility Selection Committee will maintain current listing of Mentors. Ask your manager or your C.N.A. Rep for a list of SN IIIs, SN IVs, or HH/H IIIs.

The **role of the mentor** is to review your application portfolio for completeness before it is submitted to the committee on March 1, July 1 or November 1. Mentors also offer suggestions to improve the application portfolio prior to submission. Mentors must sign the final application to validate that all required application elements are complete.



## Tools for Managers and Staff Special Projects



Special projects are agreed upon with the Nursing Manager at the beginning of the project.

### Special Projects:

- Have a beginning
- Have an end
- Have objectives that are measurable
- Have a product that is a benefit to staff, visitors or patients.

This requirement can be satisfied in the following ways:

- By being a project leader
- By being a taskforce member on a project.

### Ideas for projects:

- Participate on Quality Improvement team (i.e. pain, restraints, verbal orders)
- Benchmark practice improvement for patient care. (i.e. wound care, literature search)
- Evaluate products that improve patient care (i.e. benefits of silver lined foley catheters in HH)
- Educate staff on specified patient population
- Write a policy /procedure
- Develop a new expanded role in MOB
- Collect data to identify trends (i.e. re-admission rate of pediatrics, patient falls)
- Develop new role for a nurse (i.e. developmental care nurse)
- Standardize equipment/supplies (i.e. code carts)
- Develop a new form (i.e. crash cart checking form)
- Develop an assessment tool (i.e. nutrition assessment tool)
- Develop patient education materials (i.e. diabetes care)
- Participate on unit based research (i.e. using saline or not in patient suctioning)
- Develop orientation materials/teach for new staff (in collaboration with clinical educator)
- Conduct a survey with staff (i.e. review workflow, identify staff issues)



## Facility Selection Committee

**Names of the Selection Committee Members will be posted on the Association's bulletin board in each facility.**

### **ABOUT THE FACILITY SELECTION COMMITTEE**

(Committee shall be co-chaired by Nurse Executive/DONP or designee and Staff Nurse III/IV or HH III)

The Facility Selection Committee is comprised of:

- Nurse Executive, Director of Nursing Practice (DONP) or designee
- 2 RN managers (appointed by the Nurse Executive/DONP or designee)
- 1 Staff Nurse III (minimum)
- 1 Staff Nurse actively involved in a professional committee
- 2 Staff Nurse IVs or HH II or III

Alternates: a substitute in the same category to be used as needed. Applicants may request a committee member be replaced by an alternate.

Content experts may be call if the committee has limited knowledge in a specialty area

Committee members may serve a maximum of 2 years in any single category.

Selection committee vacancies are to be publicized by Nursing Administration and the PPC

Nominations to the committee to fill vacancies will be made by the Staff Nurse III and OV and Home Health Nurse peers

The committee will choose replacement members from the nominees by consensus. Membership will be reviewed by the Nurse Executive/DONP or designee who is charged with ensuring board-based representation over time.

# Appeals Process

Any applicant denied the Clinical Expert designation may appeal the decision of the Facility Selection Committee (FSC) as follows:

- A written appeal, clearly stating the basis for the appeal, must be submitted to the FSC that made the original decision no later than thirty (30) days after written notification of denial. The appeal shall not contain any application information that was not submitted with the original application as a justification for the appeal.
- The Facility Selection Committee shall review the appeal and either accept the application or deny the appeal, providing a written explanation of the reasons for the written denial. If the appeal is denied, the nurse may appeal that decision to the Regional Appeals Committee, no later than thirty (30) days after denial of the appeal by the FSC.
- Applicants may request a regional appeal in writing (e-mail is ok) within 30 days of the FSC appeal decision to Matt Boyer, C.N.A., 155 Grand Ave, Oakland, CA 94612, [mboyer@calnurses.org](mailto:mboyer@calnurses.org) AND Jyotsna Battle, Kaiser Permanente, Patient Care Services, 1950 Franklin St, 17<sup>th</sup> Floor, Oakland, CA 94612, [Regional-Appeals-Committee-NCAL@kp.org](mailto:Regional-Appeals-Committee-NCAL@kp.org) The applicant should include their facility, their mailing address, and the reason for their appeal (clear and convincing evidence of procedural error or bias).
- The Regional Appeals Committee shall be composed of six members and two (2) alternates. Three members, plus one (1) alternate, shall be selected by the California Nurses Association from among Staff Nurse IIIs, Staff Nurse IVs or HH/H IIIs of different existing Facility Selection Committees (FSCs) who are currently serving on a FSC or who have had past experience as a Staff Nurse III, Staff Nurse IV or HH/H III on a FSC. Three members and one (1) alternate shall be selected by the employer from nurse manager representatives from different existing FSCs who are currently serving on a FSC or have previously served on a FSC.
- The Regional Appeals Committee's review shall be limited to a consideration of the same appeal presented to the Facility Selection Committee. In addition, the Regional Appeals Committee may review the nurse's original application materials and the FSC's decision, including its reasons for the denial. The decision shall be provided to the applicant within thirty (30) calendar days after the Regional Appeals Committee's meeting.
- The Regional Appeals Committee may overturn the decision of the FSC only when there is clear and convincing evidence of procedural error or bias that affected the decision to deny movement up the clinical ladder.
- If the decision of the FSC is reversed, the applicable % increase in pay will be retroactive to the application deadline (March 1, July 1, and November 1).

The FSC will give the Staff Nurse Applicant information about where/who to send Appeals to Region. The decision of the Regional Appeals Committee is final and binding, and shall not be subject to the provisions of Article XXXVIII of the Collective Bargaining Agreement.

**A regional appeal may not be completed before the next application deadline. The applicant is free to apply at the next deadline regardless of the status of the regional appeal. The results of the new application and the regional appeal will be coordinated appropriately.**

# Transfers

## **Transfers to:**

1. Nurses who transfer to a similar area of clinical specialty will retain their Staff Nurse IV.
2. The Staff Nurse IV will apply for renewal at the end of the three (3) year classification.
3. Transfers to another area of clinical specialty require application for Staff Nurse IV in the new area (see minimum qualifications).



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# **RENEWAL FORMS**

## **STAFF NURSE IV Renewal**

## STAFF NURSE IV RENEWAL FORM

1. Name \_\_\_\_\_ 2. Date \_\_\_\_\_
3. Unit/Shift \_\_\_\_\_ Facility \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Manager \_\_\_\_\_ Cost Center \_\_\_\_\_
6. Phone  
(Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Other) \_\_\_\_\_
7. R.N. License Number \_\_\_\_\_
8. Area of Clinical Specialty ☐ Ambulatory Care  
☐ Hospital Nursing
9. Classification ☐ Regular  
☐ Short Hour  
☐ Per Diem
10. Average Number of Hours Worked Per Week \_\_\_\_\_  
(Use Verification of Hours Paid form if needed)
- (It is the nurse's responsibility to notify the Facility Selection Committee if hours drop below 24 hours)**

Date application submitted: \_\_\_\_\_  
Time application received: \_\_\_\_\_  
Application received by: \_\_\_\_\_

Note: please provide applicant with a signed copy of this page as verification of receipt of SN IV renewal application.)

<p style="text-align: center;"><b>STAFF NURSE IV</b> <b>SIGNATURE PAGE FOR MENTOR</b></p>
---

Mentor's Name \_\_\_\_\_

Mentor Signature \_\_\_\_\_

Date \_\_\_\_\_

## VERIFICATION OF HOURS PAID

(This form should be completed for any Registered Nurse who is NOT hired into a twenty-four (24) hour position or more)

1. Name \_\_\_\_\_ Date \_\_\_\_\_
2. Unit/Shift \_\_\_\_\_ / \_\_\_\_\_ Facility \_\_\_\_\_
3. Phone: WORK \_\_\_\_\_ HOME \_\_\_\_\_ OTHER \_\_\_\_\_
4. R.N. License # \_\_\_\_\_ Expiration Date \_\_\_\_\_
5. Area of Clinical Specialty:    ☐ Ambulatory Care    ☐ Home Health/Hospice    ☐ Hospital
6. Classification:            ☐ Regular            ☐ Short Hour            ☐ Per Diem
7. Average number of hours worked per week during last 3 years (must average 24 hours/wk. paid time):

Renewal: (Calculate each year separately)

Year 1 (12 months before Year 2) - total hours \_\_\_\_\_ / wk.

Year 2 (12 months before Year 3) – total hours \_\_\_\_\_ /wk.

Year 3 (last 12 month period) – total hours \_\_\_\_\_ /wk

The staffing/payroll office will assist in this calculation if needed.

These signatures certify that calculations are correct as of the specified date.

SIGNATURE (PAYROLL) \_\_\_\_\_

SIGNATURE OF MANAGER \_\_\_\_\_

DATE \_\_\_\_\_



## *Committee Participation Documentation*

### **Clinical Ladder Staff Nurse IV**



Committee participation should be ongoing in nature with participation occurring at least six months per year for 2 of the past 3 years.

Name of Committee: \_\_\_\_\_

Date Joined: \_\_\_\_\_

Committee Charter/Purpose:

Committee meeting schedule:

- Monthly
- Every other month
- Quarterly
- Other

Individual's contribution to the committee: (Please list how/what you contribute to the committee or how you share the information with your staff.)

As the chairperson of the above committee I am verifying that  
\_\_\_\_\_(Name)

- attends the committee on a regular basis
- makes an individual contribution

\_\_\_\_\_  
Chairpersons signature

Date:\_\_\_\_\_





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## Special Projects Template



This form was developed to assist managers and staff in defining special projects for Staff Nurse IVs.

☐ Project title: \_\_\_\_\_

☐ Staff's role/involvement: \_\_\_\_\_

☐ Project objectives: (list)

☐ End Product:

☐ Estimated timeline: Start \_\_\_\_\_ Finish \_\_\_\_\_

**Staff Nurse :** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_



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## Expanded Role Staff Nurse IV Renewal

*Staff Nurse IV must work in an "RN expanded role" in the area of clinical specialty EACH year.*

Expanded role title:  
(attach standardized procedure/protocol)

Start date: \_\_\_\_\_

End Date: \_\_\_\_\_

\_\_\_\_\_ Manager's signature



## Preceptor Participation Staff Nurse IV Renewal

*Staff Nurse IV participated as a preceptor in the area of clinical specialty EACH year.*

Preceptee's Name: \_\_\_\_\_

Dates of Precepting: \_\_\_\_\_

Total Hours Precepted: \_\_\_\_\_

\_\_\_\_\_ Manager's signature



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## Simultaneous SN IV Renewal & SN III Renewal Form

**This form is used by SN IV applicants who also need to renew their SN III status in the same application period.**

In the event that my SN IV Renewal does not support my advancement to SN IV, please review the application materials for renewal of my SN III status.

To support my SN III renewal I have added:

- ☐ Performance evaluations for the past three years and
- ☐ Documentation of additional CEUs as required

**Staff Nurse Signature :** \_\_\_\_\_

**Date SN III granted or last renewed:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

KAISER PERMANENTE MEDICAL CENTER  
STAFF NURSE IV FACILITY SELECTION COMMITTEE CHECKLIST FOR RENEWAL

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Unit/Dept/Shift: \_\_\_\_\_ Facility: \_\_\_\_\_ ☐ KFH ☐ TPMG  
Area of Specialty: ☐ Ambulatory Care ☐ Home Health/Hospice ☐ Hospital

**CHECKLIST & SCORING SHEET**

**Mentor's Signature** ☐ Yes ☐ No

**Completed Renewal Form** ☐ Yes ☐ No

**Works an average of 24 hrs/wk** ☐ Yes ☐ No (include Verification of Hours Paid Form if applicable)

**Performance Evaluations**

☐ Mid point or above on average for each year

**Continuing Education Documentation**

☐ 45 hours of CEUs/CMEs minimum

☐ CEUs/CMEs within renewal period (36 months)

☐ At least 50% of CEUs/CMEs in nursing specialty/clinical programs.

**Professional Participation:**

☐ (Required) EACH year a Staff Nurse IV work in an expanded role or as an active preceptor or, in the event there is no opportunity to act as a preceptor, completion of a specialty project to be agreed upon with their Nurse Manager at the beginning of project. (Include Special Project Template if applicable)

**Plus three activities in the categories listed below, within the past 36 months**

Quality Activities: Ongoing/active participation over at least 6 months/year for 2 of past 3 years

(include Committee Participation Documentation Form if applicable)

☐ PPC

☐ Safety

☐ Peer Group

☐ Committee

☐ RNQL

☐ Other

Teaching Activities:

☐ Formal In-service/Presentation

☐ Informal In-service/Presentation

☐ Community Teaching

☐ Health care related research

☐ Development and/or presentation of patient educational programs

☐ Precepting

☐ Orienting/Cross-training

☐ Other

Leadership Activities

☐ Chief Nurse Rep., Nurse Rep. or other CNA leadership

☐ Hold a Charge Nurse position

☐ Relief in Higher Class

☐ Committee or Task Force, e.g., GRASP

☐ Special Projects/Presentation

☐ Standardized Care plan/Clinical Pathway

☐ Mentor two new graduate RNs for up to 18 months within the last 36 months

☐ Health Related Community Organization/Service

☐ Other

**FACILITY SELECTION COMMITTEE RECOMMENDATION**

☐ Granted -- Applicant's Renewal Date: \_\_\_\_\_ ☐ Denied

Applicant notified by: \_\_\_\_\_ Manager notified by: \_\_\_\_\_

Payroll notified by: \_\_\_\_\_ HR notified by: \_\_\_\_\_

Areas of deficiency (if denied): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of FSC voting members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# For Staff Nurse III Renewal (if needed)

## KAISER PERMANENTE MEDICAL CENTER STAFF NURSE III/HOME HEALTH III FACILITY SELECTION COMMITTEE

Applicant Name: _____ Date: _____	
Unit/Dept/Shift: _____	Facility: _____ <input type="checkbox"/> KFH <input type="checkbox"/> TPMG
Area of Specialty: <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Home Health/Hospice <input type="checkbox"/> Hospital	

RENEWAL CHECKLIST & SCORING SHEET	
<p><b>Mentor's Signature</b> _____</p> <p><b>Completed Renewal Form</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Works an average of 24 hrs/wk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (include Verification of Hours Paid Form if applicable)</p> <p><b>Performance Evaluations</b></p> <p><input type="checkbox"/> Mid point or above on average for each year</p> <p><b>Continuing Education Documentation</b></p> <p><input type="checkbox"/> 45 hours of CEUs/CMEs minimum</p> <p><input type="checkbox"/> CEUs/CMEs within renewal period (36 months)</p> <p><input type="checkbox"/> At least 50% of CEUs/CMEs in nursing specialty/clinical programs.</p> <p><b>Professional Participation: Two activities within the past 36 months</b></p> <p><u>Quality Activities: Ongoing/active participation over at least 6 months/year for 2 of past 3 years</u> (include Committee Participation Documentation Form if applicable)</p> <p><input type="checkbox"/> PPC</p> <p><input type="checkbox"/> Safety</p> <p><input type="checkbox"/> Peer Group</p> <p><input type="checkbox"/> Committee</p> <p><input type="checkbox"/> RNQL</p> <p><input type="checkbox"/> Other</p> <p><u>Teaching Activities:</u></p> <p><input type="checkbox"/> Formal In-service/Presentation</p> <p><input type="checkbox"/> Informal In-service/Presentation</p> <p><input type="checkbox"/> Community Teaching</p> <p><input type="checkbox"/> Health care related research</p> <p><input type="checkbox"/> Development and/or presentation of patient educational programs</p> <p><input type="checkbox"/> Precepting</p> <p><input type="checkbox"/> Orienting/Cross-training</p> <p><input type="checkbox"/> Other</p> <p><u>Leadership Activities</u></p> <p><input type="checkbox"/> Chief Nurse Rep., Nurse Rep. or other CNA leadership</p> <p><input type="checkbox"/> Hold a Charge Nurse position</p> <p><input type="checkbox"/> Relief in Higher Class</p> <p><input type="checkbox"/> Committee or Task Force, e.g., GRASP</p> <p><input type="checkbox"/> Special Projects/Presentation</p> <p><input type="checkbox"/> Standardized Care plan/Clinical Pathway</p> <p><input type="checkbox"/> Mentor two new graduate RNs for up to 18 months within the last 36 months</p> <p><input type="checkbox"/> Health Related Community Organization/Service</p> <p><input type="checkbox"/> Other</p>	
FACILITY SELECTION COMMITTEE RECOMMENDATION	
<p><input type="checkbox"/> Granted -- Applicant's Renewal Date: _____ <input type="checkbox"/> Denied</p> <p>Applicant notified by: _____ Manager notified by: _____</p> <p>Payroll notified by: _____ HR notified by: _____</p> <p>Areas of deficiency (if denied): _____</p> <p>_____</p> <p>_____</p> <p>Signatures of FSC voting members:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

## **RN/NP Clinical Ladder Renewal Schedule**

<b>Level</b>	<b>Month Received or Last Renewed</b>	<b>Next Renewal Date</b>
SN3, SN4, HH/H3, NP3	1-Mar-19	1-Mar-22
SN3, SN4, HH/H3, NP3	1-Jul-19	1-Jul-22
SN3, SN4, HH/H3, NP3	1-Nov-19	1-Nov-22