

EXCELLENCE IN CLINICAL NURSING



NURSING PATHWAYS



KAISER PERMANENTE®

STAFF NURSE IV APPLICATION PACKET
(including simultaneous SN III renewal)

Revised November, 2018

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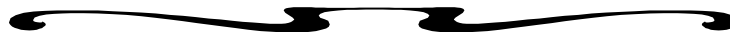
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Definition of Staff Nurse III/IV, and Home Health/Hospice Nurse III

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.

Responsibility of Applicants

- Provide the best possible documentation of his/her clinical practice, leadership, and professionalism to the FSC ahead of or before the deadline (March 1, July 1, or November 1).
- Ask for timely assistance from a mentor or FSC members. Attend local workshops for applicants.
- Assist the FSC in making the best decision possible.
- If needed, appeal to the FSC in writing within 30 days of the original decision. If needed, appeal to the Regional Appeals Committee in writing within 30 days of the FSC appeal decision.
- Successful applicants need to become familiar with requirements to maintain their new status including renewal requirements.
- Select a Mentor from the FSC's Mentor list and ensure that the final application is signed by your Mentor.

The Role of Mentors

As an applicant for Staff IV, you must select a **mentor** to assist you in the application 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 IVs

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

Minimum Qualifications

Staff Nurse IV

1. Current license to practice as a Registered Nurse in California.
2. Current designation as a SN III
3. Work with Employer an average of 24 hours per week over the last year.
4. Past four (4) years of clinical experience as a Staff Nurse III, or
Past three (3) years experience as a Staff RN III and with BSN or health related degree or
Past three (3) years experience as a Staff RN III and with national certification in a clinical specialty.

Clarification: The required years as a SN III must be consecutive and completed at the time of application for SN IV. Years as a SN III cannot be bridged to meet this requirement.

5. Each year as a SN III, RN must work in a “RN Expanded role”, as an active preceptor (minimum number of hours = 120 hours/year) or actively mentored two new graduate RNs for six (6) months each or one (1) new graduate RN for twelve (12) months, in accordance with contractual provisions in Side Letter A. In the event there is no opportunity to act as a preceptor or mentor, completion of a special project to be agreed upon with the Nurse Manager. Special projects need to be approved by the applicant’s manager at the beginning of the project.
6. **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 on 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” this link will allow you to print out all of your completed performance evaluations.
 - All pages of the performance evaluation must be submitted
7. Fifteen (15) CEUs in her/his area of clinical specialty in the past year

Hours Worked

- (A) A Registered Nurse hired into a twenty-four (24) hour position or more is exempt from any further calculation to determine paid or unpaid time away from work.
- (B) For any Registered Nurse hired into a position of less than twenty-four (24) hours, the following calculations apply:
 - Paid time is calculated by determining total paid hours for the year minus the number of vacation hours taken in week blocks.
 - This paid time is then divided by number of weeks, which is calculated by taking the fifty-two (52) weeks in a year minus the weeks of vacation blocks minus California Nurses Association option week if taken, minus approved leave of absence up to three (3) months’ time.

- Paid time divided by number of applicable weeks equals paid hours per week. This number must equal twenty-four (24) hours or more in order for a nurse to meet the hours worked qualification.
- (C) For a nurse on disability (UCD) or Workers Compensation integration of the number of weeks will be subtracted from the number of total weeks. The number of sick leave hours paid during this time will be subtracted from the number of hours paid. If the nurse goes on non-paid status (no sick leave) the leave of absence cannot exceed three (3) months.

Application Process

Application packets for Staff Nurse IV 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 application to validate that all elements are complete

The SN IV applicant must:

1. Meet minimum qualifications (see previous page)
2. Submit a complete application portfolio containing the following:
 - a. SN IV application form with a required signature of Mentor.
 - b. Verification of Hours Paid form if applicable
 - c. **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 on 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” this link will allow you to print out all of your completed performance evaluations.
 - All pages of the performance evaluation must be submitted
 - d. Documentation of at least fifteen (15) CEUs/CMEs in area of specialty completed within the last twelve months
 - ACLS/PALS/NRP counts if it is applicable to the clinical area and NOT a job requirement.
 - ACLS/PALS/NRP can only be used one time for continuing education hours.
 - e. Four (4) Professional contributions within the last twelve months.
 - a. One professional contribution must be in an “expanded role” or as an active preceptor (120 hours/year) or a special project (approved by the applicant’s manager at the beginning of the project) that is required EACH year per the minimum qualifications in item 5, listed above.

Applications are accepted every four (4) months: no later than March 1, July 1, & November 1.

SN IV applicants may use this packet to simultaneously apply for SN IV and renew their SN III by including:

- The Simultaneous SN IV Application/SN III Renewal Form
- Performance evaluations for each of the last three years (evaluations for each year must be at the midpoint or above on average)
- Documentation of 45 CEUs with 50% in area of clinical specialty (see next page for details)

Continuing Education Documentation

Initial SN IV applicant must have a minimum of 15 Continuing Education credits in the area of your clinical specialty. Determination of applicability to clinical specialty will be made by the FSC.

Courses that are approved by the BRN or the Continuing Medical Education (CME) shall be applicable.

ACLS/PALS/NRP counts if it is applicable to the clinical area and NOT a job requirement.

Continuing Education must be within the 12 months before the application deadline.

Photocopies of CEs, CMEs, college credit certification, need to be included in the portfolio when the application is submitted.

Simultaneous SN IV Applicants/SN III Renewals:

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 is not required but may be requested 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 CEs, 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 can not count as clinical specialty CEs if it is required for your job but they may count as general CEs. ACLS, PALS, and NRP can count for clinical specialty CEs if they are not required and are relevant to your patient population.

Additional CEU documentation may be submitted in case some CEUs do not meet requirements.

Professional Participation

Initial application for Staff RN IV requires four (4) of the following within the past twelve (12) 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, e.g., PPC, Safety Committee, organizationally sanctioned peer group or committee, RNQL.
 - Committee work may be hospital or professionally based
 - GRASP
 - PPC
 - Performance Improvement
 - Policy and Procedure
 - Other

The applicant may document the role of the committee (charter), meeting frequency, and your contribution by completing the form on committee participation documentation included in this packet.

ii Teaching Activities

Community teaching must be voluntary. Teaching activities are not necessarily ongoing in nature. They may be significant one-time events.

- Formal Inservice/Presentation
- Informal Inservice/Presentation
- Community Teaching (Community Teaching must be voluntary)
- Health care related research
- Development and/or presentation of patient education programs.
- Orienting/cross-training
- Other

Examples are: teaching guidelines, new grad preceptor, assisting with a complex skills day or facility-wide training, such as bloodborne 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
- Relief in Higher Classification for Charge Nurse or Supervisor
- 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.

One of the four professional participation requirements must be work in an expanded role or as an active preceptor for a minimum of 120 hours/year or, in the event there is no opportunity to act as a preceptor, completion of a special project to be agreed upon with the Nurse Manager at the beginning of the project.

- 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.

- A special project must be completed for EACH year or be ongoing over TWO or THREE years.
- A special project has a beginning and an ending.
- It has an objective and has a product that can benefit staff, visitors or patients.
- This requirement can be satisfied in the following ways: by being a project leader or being a task force member on a project.
- In both situations, a brief description of the project should be included in the portfolio.

Descriptions of additional professional contributions may be submitted in case one or more do not meet requirements.



Tools for Managers and Staff Special Projects



Special projects are agreed upon with the applicant's 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

The Committee shall be co-chaired by Nurse Executive/DONP or designee and a 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 called 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 IV 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 and must also email their request within 30 days of the FSC appeal decision to Matt Boyer, C.N.A., 155 Grand Ave, Oakland, CA 94612, mboyer@calnurses.org AND **Earvin Ledi MSN RN CCRN-CMC**, Regional-Appeals-Committee-NCAL@kp.org, Kaiser Permanente Patient Care Services, 5820 Owens Drive, Bldg. E, Pleasanton, CA 94588. 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. This 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, 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:-
1. The Staff Nurse IV will apply for renewal at the end of the three (3) year classification.
2. Transfers to another area of clinical specialty require application for Staff Nurse IV in the new area (see minimum qualifications).



NURSING PATHWAYS

APPLICATION FORMS

Staff Nurse IV Application

STAFF NURSE IV APPLICATION FORM

1. Name _____ 2. Date _____

3. Unit/Shift _____ Facility _____

4. Mailing Address _____

5. Manager _____ Cost Center _____

☐ Manager informed that applicant is applying for SN III or HH/H III.

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(s) Staff Nurse III Designation Granted: _____

Date(s) Staff Nurse III Designation Renewed: _____

In addition to the above information, an applicant must have been a Staff Nurse III for

- The past (4) four years as a Staff Nurse III prior to application

OR

- The past (3) three years as a Staff Nurse III with a BSN or health related degree.

BSN (School) _____ Date _____

Health Related Degree: _____ Date _____

(School) _____

OR

- The past (3) three years as a Staff Nurse III with a National Certification in your area of Clinical Specialty.

National Certification _____ Date Obtained _____

Certifying Body/School: _____ Date of: Expiration _____

AND Check One: ☐ Expanded Role defined by TPMG/KFH ☐ Preceptor (min. of 120 hours as primary preceptor/year) ☐ Special Project approved by manager with documentation

STAFF NURSE IV SIGNATURE PAGE FOR MENTOR

Mentor's Name _____

Mentor Signature _____

Date _____

STAFF NURSE IV
RECEIPT OF APPLICATION FORM - Signature Page
Receipt of Application

Application Submission:

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 application.)

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 past 12 months (must average 24 hours/wk. paid time):

Application:
I year total hours _____/week. (New Applicants for Staff Nurse III/IV, HH/H III)

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 over at least 6 months of the past year.

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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Expanded Role Staff Nurse IV

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

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





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: _____



Simultaneous SN IV Application & 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 application 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: _____

For Staff Nurse IV Application

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

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 (circle one)

- ☐ Current license to practice as an RN in California.
- ☐ Current designation as a SN III
- ☐ Works an average of 24 hrs/wk (include Verification of Hours Paid Form if applicable)
- ☐ One of the following:
 - ♦ Past 4 years of clinical experience as a Staff Nurse III or
 - ♦ Past 3 years experience as a Staff Nurse III & with BSN or Health related degree or
 - ♦ Past 3 years experience as a Staff Nurse III and with national certification in a clinical specialty
- ☐ Completed Application Form
- ☐ Current performance evaluation within the last 12 months at the mid-point or above on average.
- ☐ Documentation for fifteen (15) CE credits in area of clinical specialty in the past year.

Professional Participation:

- ☐ (Required) EACH year, RN must 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 categories listed below, within the past 12 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
- ☐ Health Related Community Organization/Service
- ☐ Mentor two (2) new graduate RNs for up to 18 months within last 36 months
- ☐ 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: _____ ☐ KFH ☐ TPMG
Area of Specialty: ☐ Ambulatory Care ☐ Home Health/Hospice ☐ Hospital	

RENEWAL CHECKLIST & SCORING SHEET	
Mentor's Signature _____	
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: Two activities within the past 36 months	
<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)	
☐ PPC	
☐ Safety	
☐ Peer Group	
☐ Committee	
☐ RNQL	
☐ Other	
<u>Teaching Activities:</u>	
☐ 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	
<u>Leadership Activities</u>	
☐ 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:	
_____	_____
_____	_____

RN/NP Clinical Ladder Renewal Schedule

Level	Month Received or Last Renewed	Next Renewal Date
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