Dear SMHCS Registered Nurse,

Please find the Professional Nursing Career Ladder attached. Your Professional Practice Council has worked very hard on this program. We are now in the 4th version of the application. We would like to thank you for providing us with feedback so we can continue to make the program even better.

The career ladder program is a great way to be rewarded for enhancing and developing your professionalism as a Registered Nurse. Within the career ladder you can be rewarded for being a member of a professional organization, completing research, and precepting to name just a few. How exciting and empowering to be a part of such important activities. What a great opportunity to learn more about your specialty, network with colleagues, answer nursing's greatest questions, and have a profound impact on the career of a new nurse.

The career ladder is your opportunity to show case your accomplishments for the year. We hope you will consider applying for the career ladder. We are here to support you each step of the way. Please contact a member of the Professional Practice Council with any questions.

Sincerely,
Your Professional Practice Council

READ THIS LETTER IN ITS ENTIRETY

PROFESSIONAL LADDER FOR REGISTERED NURSES
YEAR: 2010

Level	Total Points Required	Minimum Number of Categories	Maximum Points Per Category
2	10	4	4
3	20	5	10
4	30	6	10

Please note that if you are completing a research project that is NOT part of your qualifying points you may receive more than 4 or 10 points in category 4.

DIRECTIONS:

1. Be sure to review your application carefully and include **all evidence** at the time of submission. We encourage you to have your portfolio proofread by a member of the council. **ALL FORMS MUST BE COMPLETED AND SUBMITTED WITH THE APPLICATION**. There will be NO opportunity to submit additional evidence.
2. All supporting evidence/data for the application must be within the 12 months prior to the application date.
3. Application format: Please type or print and use a 3- ring binder. Place qualifying requirements in the front. Separate each category with a divider and then include supporting evidence after each category's divider.
4. Have Clinical Manager/Clinical Coordinator initial application validating RN experience (**MUST BE WORKING UNDER THE RN JOB DESCRIPTION**), length of employment at Sarasota Memorial Healthcare System, Meets Criteria on current performance evaluation, and satisfactory peer reviews **ALL** contact hours MUST be nursing related. SMHCS contact hours are acceptable. **INCLUDE CONTACT HOUR CERTIFICATES FOR VERIFICATION.**
5. Have your DIRECTOR and/or the NURSING RESEARCH AND EPB COUNCIL chair or co-chair sign and date each applicable line for projects in category 4 and 5. Submit **ALL** Project Forms with the completed application. Project forms are required for both qualifying projects and projects used for points.
6. Complete a Committee/Council/Resource Team Verification Form for each committee/council/resource team (a separate form for each committee). (This includes committees/council/resource teams for qualifying criteria AND for points).
7. Submit all other supporting evidence as indicated in the application.
8. Submit signed and completed criteria checklist with application.
9. Submit the completed application to Education and Clinical Practice Department, *Attn: Professional Practice Council.* Applications are due the 1st-15th at noon the month you are submitting (January, April, July, or October).
10. **REMEMBER:** All levels require qualifying contact hours and Committee/ Council/ Resource Team activity (and/or a project) as stated on application form. Qualifying activities are worth **NO** points.
11. Application will be accepted & reviewed by the Professional Practice Council on a Quarterly basis.
    - **Achievement/ incentive will be paid in the 1st pay period of following month.**
13. If you have a dispute with the outcome of your application and would like to grieve the result you may set up an appointment with the council the week after the results are given. The grievance panel will be made up of at least 3 members of the council and will review the application as well as any concerns the applicant has. Meeting with this panel does not guarantee an over rule of the original decision.

Please remember that the Professional Ladder for Registered Nurses is continually reviewed by the Professional Practice Council and is subject to change based on the council's authority and fiscal responsibility.

PROFESSIONAL NURSING LADDER APPLICATION: LEVEL II
Year: 2010

Name:	
Street Address:	
City, State, Zip:	
E-Mail Address:	
Home Phone:	**Work Phone:**
Employee ID #:	**Present Clinical Unit:**
Total Consecutive Years @ SMH:	
Clinical Manager:	
Achievement Award: $1800.00	

Level II Qualifying Requirements: (Note: These do not count toward Career Ladder Points)	
1 year RN experience AND 1 consecutive year employed at SMH as a RN	Applicant Initials: CM/CC Initials:
Minimum of "Meets" in each area of current merit/ job description (and in no corrective action)	Applicant Initials: CM/CC Initials:
Satisfactory Peer Reviews (If not obtained in merit review, must have 3 peer review forms satisfactorily completed)	CM/CC Initials:
25 Contact Hours (Qualifying – not for points) Include certificates for verification.	Applicant Initials:
Member of Committee/Council/Resource Team: _____ *Complete Committee/Council/Resource Team Verification Form (p.23)	Applicant Initials:
OR Qualifying Project (Category 4 or 5):_____ *Complete Project Evaluation Forms (pp.9-13 or 14-17)	
Additional Requirements: Must have at least 10 points from at least 4 categories with a maximum of 4 points per category.	

CM = Clinical Manager; CC = Clinical Coordinator

PROFESSIONAL NURSING LADDER APPLICATION: LEVEL III
Year: 2010

Name:	
Street Address:	
City, State, Zip:	
E-Mail Address:	
Home Phone:	**Work Phone:**
Employee ID #:	**Present Clinical Unit:**
Total Consecutive Years @ SMH:	
Clinical Manager:	
If I do not qualify for a level 3 at this time and I qualify for a level 2 please award me level 2. I understand I will not be able to reapply to the career ladder for 12 months. _____(signature required for above statement to apply)	
Achievement Award: $2800.00	
Level III Qualifying Requirements: (Note: These do not count toward Career Ladder Points)	
5 years RN experience AND 3 consecutive years employed at SMH as a RN	Applicant Initials: CM/CC Initials:
Minimum of "Meets" in each area of current merit/ job description (and in no corrective action)	Applicant Initials: CM/CC Initials:
Satisfactory Peer Reviews (If not obtained in merit review, must have 3 peer review forms satisfactorily completed)	CM/CC Initials:
35 Contact Hours (Qualifying – not for points) Include certificates for verification.	Applicant initials:
National Specialty Certification (Cannot be used as points in Category 1. Include copy of current card.)	Applicant Initials:
Member of Committee/Council/Resource Team: _____ *Complete Committee/Council/Resource Team Verification Form (p.23) OR Qualifying Project (Category 4 or 5):_____ *Complete Project Evaluation Forms (pp. 9-13 or 14-17)	Applicant Initials:
Additional Requirements: Must have at least 20 points from at least 5 categories with a maximum of 10 points per category.	

CM = Clinical Manager; CC = Clinical Coordinator

PROFESSIONAL NURSING LADDER APPLICATION: LEVEL IV
Year: 2010

Name:	
Street Address:	
City, State, Zip:	
E-Mail Address:	
Home Phone:	**Work Phone:**
Employee ID #:	**Present Clinical Unit:**
Total Consecutive Years @ SMH:	
Clinical Manager:	
If I do not qualify for a level 4 at this time and I qualify for a level 3 please award me level 3. I understand I will not be able to reapply to the career ladder for 12 months. _____(signature required for above statement to apply)	
Achievement Award: $4000.00	
Level IV Qualifying Requirements: (Note: These do not count toward Career Ladder Points)	
5 years RN experience with BSN/MSN AND 10 consecutive years employed at SMH as a RN OR 20 Years RN experience without BSN/MSN AND 10 consecutive years employed at SMH as a RN	Applicant Initials: CM/CC Initials:
Minimum of "Meets" in each area of current merit/ job description (and in no corrective action)	Applicant Initials: CM/CC Initials:
National Specialty Certification (Cannot be used as points in Category 1. Include copy of current card.)	Applicant initials:
Satisfactory Peer Reviews (If not obtained in merit review, must have 3 peer review forms satisfactorily completed)	CM/CC Initials:
50 Contact Hours (Qualifying – not for points) Include certificates for verification.	Applicant Initials:
Member of Committee/Council/Resource Team: _____ *Complete Committee/Council/Resource Team Verification Form (p.23)	Applicant Initials:
Qualifying Project (Category 4 or 5):_____ *Complete Project Evaluation Forms (pp. 9-13 or 14-17)	Applicant Initials:
Additional Requirements: Must have at least 30 points from at least 6 categories with a maximum of 10 points per category.	

CM = Clinical Manager; CC = Clinical Coordinator

Category 1
AUTONOMY

"Describe how opportunities for independent…nursing practice for direct care nurses are developed and initiated, including educational programs."

Highest Formal Education Credentials

Bachelor Degree in Nursing _____	2 **Point**
Bachelor Degree Healthcare Related _____	**1 Point**
Master Degree in Nursing _____	**3 Points**
Master Degree Healthcare Related _____	**2 Points**
Doctoral Nursing _____	**4 Points**
Doctoral Healthcare Related _____	**3 Points**

Nursing or organizational related degrees will be accepted. The organization related degree must be approved by Human Resources. Indicate HIGHEST degree and MUST INCLUDE COPY OF DIPLOMA.

Specialty Certifications
Maximum of 4 points from obtaining or maintaining certification

Approved National Certification(s) **2 Points Initial Certification**

_____

_____

Include copy of current certification card(s); 2 points earned FIRST year certification achieved, WITHIN THE 12 MONTHS OF APPLICATION SUBMISSION

Maintaining Approved National Certification(s) **1 Point Maintaining Certification**

_____

_____

INCLUDE COPY OF CURRENT CERTIFICATION CARDS. POINTS FOR CERTIFICATION WILL ONLY BE AWARDED TO APPLICANTS APPLYING FOR LEVEL II.

Category 1 Points: _____

Category 2

QUALITY OF NURSING LEADERSHIP

"Provide examples of how nurses at all levels are leading and participating in professional nursing organizations and activities at the local, state, national and/ or international levels."

Professional Organizations

Member of Professional Organization **1 Point /Organization**
Maximum 2 Points

_____

_____

_____

_____

Applicant must be a member for at least 6 months. Include proof of membership dates.

OR

Office or Chairperson of Professional Organization **2 Point /Organization**
Maximum 4 Points

_____

_____

_____

_____

Include PROOF of current membership AND PROOF of Office Held

Category 2 Points: _____

Category 3
ORGANIZATIONAL STRUCTURE
INTERDISCIPLINARY RELATIONSHIPS
MANAGEMENT STYLE
"Describe how decision-making is operationalized to involve all levels of nurses. "Provide examples of how direct care nurses' feedback is used in organizational decision-making." "Provide examples of how direct care nurses initiate change to improve patient care, nursing practice and the work environment." "Describe mechanisms used to promote the participation of nurses at all levels in interdisciplinary activities."

Committees / Councils

Member hospital COUNCIL/COMMITTEE **2 points/each**

MEMBER OF UNIT BASED COMMITTEE **1 point**

Include Committee/Council/ Resource Team Verification Form for Each Committee (pg.23)

Officer other than chair or co-chair (secretary, treasurer, etc): **3 points Hospital wide**
2 Points Unit Based

Chair or co-chair of hospital/ unit committee(s): **4 points Hospital wide**
3 Points Unit based

Include Committee Verification Form (pg.23) or other evidence.
May only earn points for being a committee/council member or officer, but NOT both.

Category 3 Points: _____

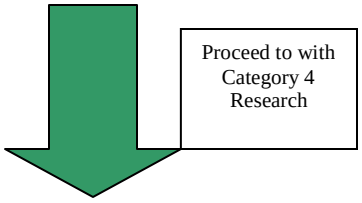
Category 4
QUALITY OF CARE - PROFESSIONAL MODELS OF CARE (RESEARCH DRIVEN)
"Provide documentation of all nursing research activities that are ongoing, resources available to nursing staff to support participation in nursing research and how staff has become engaged in research or evidenced based practice activities."

Contact Clinical Nurse Researcher with any questions/concerns (Jen Rheingans, PhD, RN, x7724)

Completion of Evidence-Based Practice (EBP) classes – (Must attend **One point for each series (must take both classes in a series):** **Series 1 (Beginner):** EBP1 and EBP2 **Series 2 (Advanced):** EBP3 and EBP4 Register online @ http://classregistrationweb/classview.aspx (Note: may **not** be used for contact hours if used here for evidence-based practice points.)	**1 point per series (2 classes)** **Maximum 2 points (4 classes)** Provide contact hour certificates for classes in supporting documents.
Completion of ONE of the Following Research Modules (for Human Subjects Protection): 1. NIH: Protecting Human Research Participants http://phrp.nihtraining.com/users/login.php 2. University of South Florida's Institutional Review Board (IRB) (must complete all 4 modules for completion of module): http://www.research.usf.edu/cs/IRB_Foundation_Course/1slide1.htm 3. Collaborative Institutional Training Initiative (CITI): Register as a new user and use SMHCS as your participating institution: http://www.citiprogram.org/ Note: All persons interested in conducting research will need to receive a CITI certificate for the **Basic Course** for Humans Subjects Research. For instructions on registering for this course (which counts as your point for this section), login as a new user, then select: "View Sarasota Memorial Health Care System instructions page". 4. Veteran's Administration: https://www.ees-learning.net/librix/loginhtml.asp?v=librix	**1 point per module** **Maximum 1 point** Provide Verification of Completion of Course.
Participation in a Nursing Research Project/Study (Nursing or Healthcare Related as a study subject) **Manager's verification:**_____ **Note**: Provide evidence of study participation/completion, but you DO NOT need to provide details of your responses. Examples of proof of participation might be: 1. An informed consent signed by you and the researcher; 2. Letter from Research Coordinator	**1 point/study** **Maximum 1 point** **Proof of Participation:** **Manager's Signature:** _____ **OR** Letter from Research Coordinator **OR** Evidence of participation/completion in Research Study
See next page for research project point allocation	

If you are interested in conducting a research project, use the following chart:

Career Ladder Project Form using The Iowa Model for Evidence-Based Practice		
1. What is your clinical question?		**1 Point = total for completed sections 1-5 (must have signature below)** **Nursing Research & EBP Council Chair or Co-Chair Signature:** _____
2. Who is on your team?		
3. Is it a priority for your organization? Note: Contact Nursing Research & EBP Council for pre-approval prior to proceeding and present the Project Prioritization Matrix (pg. 13); you will be assigned a mentor from the council to assist you in the project. Refer to Research and EBP council website for contact information.	**Your Department Director's Signature:** _____ **Nursing Research & EBP Council Chair Signature:** _____ **Name of Nursing Research & EBP Council Mentor:** _____	
4. Where did you search for evidence? (PubMed, professional organizations, Magnet ListServ, textbooks, etc.) Note: Get help! Use our staff at the Medical Library (or the Nursing Research & EBP Council or the EBP classes) to help you learn how to search!		
5. Summarize the evidence	a. Types of evidence found (research, expert opinions, etc.): b. What was the quality of evidence you found? Why or why not? c. Did the evidence all suggest the same conclusions? Explain your answer.	
☐ EVERYONE: Check in with Nursing Research & EBP Council assigned mentor.		

☐ If good evidence, proceed with this project – you are now evidence-based! Continue with project form (Fits in Category 5). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):** 	☐ If not good evidence, but you need to continue (e.g. regulatory necessity) continue with CAUTION monitoring outcomes carefully and frequently. Continue with project form (Fits in Category 5). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):** 	☐ If not good evidence, and you want to conduct a research study, contact Clinical Nurse Researcher (Jen Rheingans, x7724) or the Nursing Research & Evidence-Based Practice Council (http://pulse/sites/collabcouncils/research/default.aspx) (fits in Category 4). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):** 

6. Introduction/Literature Review		1 point **Nursing Research & EBP Council Mentor, Chair, or Co-chair Signature:** _____
7. Methods Section	Includes: Sample (who will be studied?) Instruments (what will you use to study?) Procedure (exactly how will you conduct the study?) Analysis (how will you analyze the results?)	2 points **Nursing Research & EBP Council Mentor, Chair, or Co-Chair Signature:** _____
Note: To proceed with Research Study at this point, you must complete the CITI Basic Course for Human Subjects Protection (See details on first page of Research Category)		

8. IRB Approval	Complete IRB application (See Nursing Research & EBP Council for paperwork/instructions)	2 point **Nursing Research & EBP Council Chair or Co-chair Signature:** _____
Contact Nursing Research & EBP Council to update on progress and planning. **Nursing Research & EBP Council Chair signature**:		
9. Results	Submit IRB application for approval Conduct research study Collect data Analyze data	4 points **Nursing Research & EBP Council Chair or Co-chair Signature:** _____
10. Conclusion	Summarize research study and findings, including how this helps the bedside nurse and/or patient	1 point **Nursing Research & EBP Council Chair or Co-chair Signature:** _____
11. Disseminate	See Category 7 or 8 for methods of sharing this information with others (for additional points!)	

Use this form to present your project to your director and the Nursing Research & EBP Council.

Project Prioritization Matrix
Proposed Project Title:

Summarize your project here:

See Professional Nursing Career Ladder Web Site on PULSE for Project Tool Kit to assist you in utilizing the Project Prioritization Matrix (http://pulse/sites/collabcouncils/careerlad/default.aspx)

To Be Completed By Research & EBP Council for Pre-Approval	**Rating Scale: 1=Low/Little Need or Impact----> 5=High/Significant Need or Impact**
Need for Improvement	1 2 3 4 5
Customer Satisfaction	1 2 3 4 5
Link to Boss's Top Priority Processes	1 2 3 4 5
System or hospital-wide Impact on:	
• Core Measures	1 2 3 4 5
• Evidence-Based Guideline/Practice	1 2 3 4 5
• National Patient Safety Goals	1 2 3 4 5
• Nurse Sensitive Indicators (Pressure Ulcers, Falls, Restraint Use)	1 2 3 4 5
• Infection Prevention or Management	1 2 3 4 5
• Minimizing potential for serious adverse events	1 2 3 4 5
• Safety Behaviors/Practices	1 2 3 4 5
• Magnet Alignment / Initiatives	1 2 3 4 5
For any items in the System/Hospital-wide impact that you scored, please describe specifically how your project will achieve the impact you are proposing:	
Overall Score	

* If you are completing a research project not used as a qualifier you may earn up to 13 points regardless of the level you are applying for. *

Category 4 Points: _____

Category 5

QUALITY IMPROVEMENT- EVIDENCE BASED PRACTICE

"Explain how benchmarks and nursing-sensitive measures are selected, implemented and evaluated by nurses at the departmental and unit levels to improve patient outcomes." "Provide examples of nurse involvement in evidence-based quality initiatives to improve coordination and delivery of care across the continuum of services.

Quality improvement projects may include either Rapid Process Improvement (RPI) or Failure Modes Effect Analysis (FMEA). Both methods deconstruct a problem and rebuild it with input from involved parties. The SMHCS Quality Improvement department is expert in these processes and should be used to help guide any RPI or FMEA projects. Contact Judy Milne, Director, (941) 917-1373 to begin an RPI or FMEA.

Participant in Quality Improvement Process (i.e. RPI, FMEA) 3 Points
Name/Topic:_____

Dates of RPI or FMEA (Failure Modes Effect Analysis):_____
Signature of QI Lead or Lead Coordinator of RPI or FMEA:_____

Use the following table to conduct a project for the career ladder.

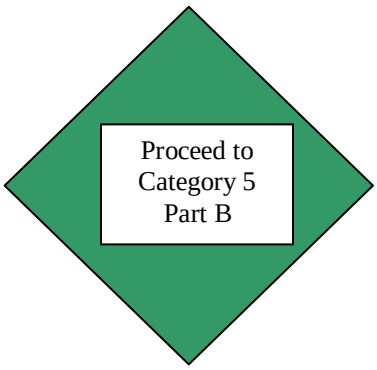
Career Ladder Project Form using The Iowa Model for Evidence-Based Practice	
1. What is your clinical question?	
2. Who is on your team?	**Team Leader(s)** (4 points upon completion): **Team Members** (2 points upon completion): Other Consultants:
3. Is it a priority for your organization? Note: Contact Nursing Research & EBP Council for pre-approval prior to proceeding and present the Project Prioritization Matrix (pg. 17); you will be assigned a mentor from the council to assist you in the project.	**Your Department Director's Signature:** _____ **Nursing Research & EBP Council Chair Signature:** _____ **Name of Nursing Research & EBP Council Mentor:** _____
3. Where did you search for evidence? (PubMed, professional organizations, Magnet ListServ, textbooks, etc.) Note: Get help! Use our staff at the Medical Library (or the Nursing Research & EBP Council or the EBP classes) to help you learn how to search!	

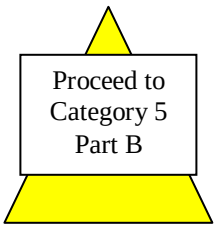
Career Ladder Project Form using The Iowa Model for Evidence-Based Practice

4. Summarize the evidence	d. Types of evidence found (research, expert opinions, etc.): e. What was the quality of evidence you found? Why or why not? f. Did the evidence all suggest the same conclusions? Explain your answer.

☐ EVERYONE: Check in with Nursing Research & EBP Council assigned mentor.

☐ If good evidence, proceed with this project – you are now evidence-based! Continue with project form (Fits in Category 5). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):**	☐ If not good evidence, but you need to continue (e.g. regulatory necessity) continue with CAUTION monitoring outcomes carefully and frequently. Continue with project form (Fits in Category 5). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):**	☐ If not good evidence, and you want to conduct a research study, contact Clinical Nurse Researcher (Jen Rheingans, x7724) or the Nursing Research & Evidence-Based Practice Council (http://pulse/sites/collabcouncils/research/default.aspx) (fits in Category 4). **Nursing Research & EBP Council Mentor Signature (note: includes review of progress and planning for remainder of project):**





<table>
<tr><th colspan="2">Career Ladder Project Form using
The Iowa Model for Evidence-Based Practice</th></tr>
<tr><td>6. What are your MEASURABLE outcomes?</td><td>1.

2.</td></tr>
<tr><td>7. Collect baseline data</td><td rowspan="3">Where are your evidence-based guidelines (e.g. computer documentation, policy/procedure, education/inservice, etc.)?

Evaluate your process (how has it been working)?

Present your MEASURABLE outcomes:
1.

2.</td></tr>
<tr><td>8. Design evidence-based guidelines</td></tr>
<tr><td>9. Implement evidence-based practice change on pilot unit</td></tr>
<tr><td>10. Evaluate the process and outcomes</td><td></td></tr>
<tr><td>11. Modify the practice guidelines (policy, procedure)</td><td rowspan="3">Plan for future monitoring of outcomes:</td></tr>
<tr><td>12. If successful, institute the change in practice</td></tr>
<tr><td>13. Continue to monitor outcomes at increasing intervals until you are sure it is a stable process</td></tr>
<tr><td>14. Finalize project completion by getting final approval from your department director and the Nursing Research & EBP Council.

Note: Your project must be completed in order to take credit for it on the career ladder.</td><td>Your Department Director’s Signature:

_____
Nursing Research & EBP Council Chair Signature:

_____</td></tr>
<tr><td colspan="2">Celebrate your Project and Share your results!
Consider presenting your results at SMH, local or national conferences – as a poster, a presentation, or a publication! If you are presenting your results, SMH will sponsor your trip and registration! Contact the Nursing Research & EBP Council for assistance.

See Category 7 or 8 for methods of sharing this information with others (for additional points!).</td></tr>
</table>

Use this form to present your project to your director and the Nursing Research & EBP Council.

Project Prioritization Matrix
Proposed Project Title:

Summarize your project here:

See Professional Nursing Career Ladder Web Site on PULSE for Project Tool Kit to assist you in utilizing the Project Prioritization Matrix (http://pulse/sites/collabcouncils/careerlad/default.aspx)

To Be Completed By Research & EBP Council for Pre-Approval	**Rating Scale: 1=Low/Little Need or Impact----> 5=High/Significant Need or Impact**
Need for Improvement	1 2 3 4 5
Customer Satisfaction	1 2 3 4 5
Link to Boss's Top Priority Processes	1 2 3 4 5
System or hospital-wide Impact on:	
• Core Measures	1 2 3 4 5
• Evidence-Based Guideline/Practice	1 2 3 4 5
• National Patient Safety Goals	1 2 3 4 5
• Nurse Sensitive Indicators (Pressure Ulcers, Falls, Restraint Use)	1 2 3 4 5
• Infection Prevention or Management	1 2 3 4 5
• Minimizing potential for serious adverse events	1 2 3 4 5
• Safety Behaviors/Practices	1 2 3 4 5
• Magnet Alignment / Initiatives	1 2 3 4 5
For any items in the System/Hospital-wide impact that you scored, please describe specifically how your project will achieve the impact you are proposing:	
Overall Score	

Category 5 Points: _____

Category 6

PROFESSIONAL DEVELOPMENT

"Describe how professional development programs, such as formal education/ tuition reimbursement and professional certification across all nursing roles is promoted by the healthcare organization."

Formal Education

College Credits (Completed Courses) **(For Prior 12 months of Application Year)**	**MAXIMUM 6 POINTS**
❑ Bachelor Degree in Nursing	**2 points per 3 credit course**
❑ Bachelor Degree Healthcare Related	**1 point per 3 credit course**
❑ Master Degree in Nursing	**3 points per 3 credit course**
❑ Master Degree Healthcare Related	**2 points per 3 credit course**
❑ Doctoral in Nursing	**4 points per 3 credit course**
❑ Doctoral Healthcare Related	**3 points per 3 credit course**

_____
_____
_____
_____

List courses completed and include documentation ie: unofficial transcript / grades (Include the dates when the courses were completed).

COLLEGE CREDITS MAY NOT BE USED AS CONTACT HOURS.

Continuing Education (May NOT include qualifying CEU's) **MAXIMUM 4 POINTS**
Inservices, Workshops, Conferences, Self -Study Modules

10-19 Contact Hours	**1 point**
20-29 Contact Hours	**2 points**
30-39 Contact Hours	**3 points**
40 + Contact Hours	**4 points (MAXIMUM)**

ALL contact hours must be nursing related. Submit copies of CEU certificates for verification.

Category 6 Points: _____

Category 7

NURSES AS TEACHERS

"Describe the process of assessing, planning, organizing, implementing, and evaluating educational needs of nurses at all levels of the organization." "Provide examples of community collaborative educational endeavors." "Provide examples of specialty or population-based patient education initiatives conducted, implemented and evaluated by nurses."

Teaching as part of a committee, council, resource team, or project MAY NOT be used in this category.

Instructor

___BLS ___ACLS ___PALS ___NRP ___TNCC

___ ENPC ___CPI ___Other (specify): _____ **3 points**

Include copy of certification card and documentation of annual teaching on Teaching Verification Form (pg. 25) which is required to maintain instructor status.

Formal Teaching Program **Maximum 4 points / program**

Design, Development, and First Delivery: 2 points

Subsequent Delivery: 1 point

- ☑ **Must Be Healthcare Related**
- ☑ **Must include Outline of Education Instructed, Post Test or Evaluation of Education**
- ☑ **Must be a minimum of 30 minutes duration**
- ☑ **Teaching as part of Committee, Council, or Resource Team or as a component of your project MAY NOT be used in this category**

Examples include: organization wide orientation/ instruction, community instruction, consortium, Unit Based Instruction

_____

_____

Include verification of teaching activity / Teaching Verification Form (pg.26).

Competency Skills Fairs **1 point/ hour**

Organizational or unit/ department based Maximum 4 Points

_____

_____

Include verification of teaching activity /Teaching Verification Form (pg.26).

Bulletin Board / Poster Board / Education 1 point / board

If Bulletin board is related to committee work or is part of a project it may not be used on this category. (Maximum **1 POINT**)

_____

_____

Manager's Signature:_____

***Category 7 Points:* _____**

Category 8 **IMAGE OF NURSING**

"Provide evidence of how the contributions of nurses are recognized within and outside of the organization."

Awards

Nominations: Team or Individual Award for Awards of Excellence/ Magnet Nurse Excellence **1 point/each nomination**

Awarded:

Hospital Wide: Nurse Of Excellence Team or Individual Award for Awards of Excellence **2 Points/each award**

Unit Award **1 point/1 point max for unit award**

Hospital Wide and Unit Awards are recognized for the year they are awarded.
Include Verification of Nomination or Award: Program, Letter from Manager, Copy of Certificate/Award. If you win the award you can not receive points for the nomination.

Publications :

Internal Publications that employee authored and was published **1 points/publication**
(ie: SMHCS Messenger, Unit Newsletters, local chapter of professional organization newsletter, policies that you wrote (must have written, not reviewed policy)) **Maximum 2 points**

_____

_____

INCLUDE COPY OF PUBLICATION/Unit Newsletter
UNIT NEWSLETTER REQUIRES MANAGER SIGNATURE:_____

External Publications that employee authored and was published **3 points/publication**
(ie: Nursing Spectrum, Advance for Nurses, etc).

_____

_____

INCLUDE COPY OF PUBLICATION

Speaker at External Conference **4 points/Conference**
(local, regional, or national presentation, seminar)
PROVIDE COPY OF CONFERENCE PROGRAM

Poster Presentation at Internal or External Conference **2 points/Conference**
PROVIDE COPY OF CONFERENCE PROGRAM

Speaker at Internal Conference (SMHCS Conference) **2 points/Conference**
PROVIDE COPY OF CONFERENCE PROGRAM

Recruitment/ Job Fairs **1 point (maximum 1 point)**

_____

Verification from Manager Required for Job Fair:_____

Category 8 Points: **_____**

Category 9

COMMUNITY AND THE HEALTHCARE ORGANIZATION

"Provide evidence of **nurses' involvement in the community**." "Describe partnerships and programs with community-based entities to meet the healthcare needs of the populations served."

1 point per 5 hours of activity
(Maximum 4 POINTS)

LIST VOLUNTEER ACTIVITY

_____ **HOURS** _____

_____ **HOURS** _____

_____ **HOURS** _____

_____ **HOURS** _____

List and include Volunteer Verification Form (p. 24).

As a component of a Magnet Nursing Career Ladder
Volunteer Activities must require "Nursing Skill/Activity"/Be Healthcare related or be part of the SMH Corporate Volunteer Program:

Examples Include: Participating in a First Aid Station at an Event
The Designated Nurse at a School Related Event
Blood Pressure Screenings

Category 9 Points: _____

Category 10

CONSULTATION AND RESOURCES

"Describe the processes that ensure that adequate resources for access and consultation to nursing experts are available to nurses at all levels in the organization." "Describe the organization's relationships with educational institutions for consultation and building a collaborative/ professional nursing community."

PRECEPTING: (upon successful completion of orientation)	
Nursing Student Preceptorships/Residency Nurse Program	1 point/**6 SHIFTS**
New employee RN/ Graduate Nurse	3 points/**12 SHIFTS**
Experienced Nurse	2 points/**12 SHIFTS**
	(6 Points/Maximum)

List names and status of orientee

_____

_____

_____

CPS/CNS/Manager Verification for Precepting:_____

Communicator Activities	
Communicator / Charge Nurse/ Shift Leader	4 points
Relief Communicator/ shift Leader/ Charge Nurse	2 points (20 shifts minimum)

Manager Verification for Communicator Activities: _____

Resource Team Member

Resource Team Member:

Please circle applicable resource team(s) 2 points per team

(**APPROVED RESOURCE TEAMS INCLUDE: SWAT, Pain Resource, Diabetic Resource, POC POINT PERSON)**

Complete Committee / Resource Team Verification Form (p. 21).

Category 10 Points: _____

PROFESSIONAL LADDER FOR REGISTERED NURSES
COUNCIL / COMMITTEE / RESOURCE TEAM VERIFICATION FORM

This is to verify that

_____

Has been an active □ Member or □ Chair or □ Co-Chair
□ Secretary or **□ Treasurer**
and has met all of the requirements of the

_____

(Name of Council/ Committee/ Resource Team)

REQUIREMENTS OF COUNCIL/ COMMITTEE/ RESOURCE TEAM MEMBERSHIP INCLUDE:

- **ATTENDANCE PER REQUIREMENTS OF COMMITTEE / RESOURCE TEAM**
  - **ATTENDANCE GUIDELINES**
    - **MUST BE MEMBER FOR 1 FULL YEAR OR HAVE ATTENDED MAXIMUM ATTENDANCE TO MEET 70% OF REQUIRED MEETINGS AS SET FORTH BY COUNCIL / COMMITTEE/ OR RESOURCE TEAM**
- **ATTENDANCE PER COUNCIL CHARTER**

_____ _____

Signature **Date**
Chair of Council / Committee
Resource Team Leader

***Applicant has consistently shared committee/council/resource team information and updates at the unit level via staff meetings, UPC meetings, 1:1 instruction, and/or information posted on unit.**

_____ _____

Manager's Signature **Date**

PROFESSIONAL LADDER FOR REGISTERED NURSES
VOLUNTEER VERIFICATION FORM

This is to verify that

_____

Participated in

_____

On

_____

Date(s)

For _____ Hours
Must provide Healthcare to the Community

_____ _____

Signature **Date**

PROFESSIONAL LADDER FOR REGISTERED NURSES
INSTRUCTOR VERIFICATION FORM

Use this form for BLS, ACLS, PALS, and other certified teaching

TEACHING VERIFICATION FORM

Name:_____

Required Instructor Teaching (to maintain instructor status):

1._____date:_____hours:_____ Location_____

2._____date:_____hours:_____ Location_____

3._____date:_____hours:_____ Location_____

4._____date:_____hours:_____ Location_____

5._____date:_____hours:_____ Location_____

6._____date:_____hours:_____ Location_____

10._____date:_____hours:_____ Location_____

Instructor Verification Signature:_____

PROFESSIONAL LADDER FOR REGISTERED NURSES
TEACHING VERIFICATION FORM

Name:_____

Formal Teaching Programs

In addition to the Instructor classes required to maintain Instructor Status:

1._____date:_____hours:_____ Location_____

2._____date:_____hours:_____ Location_____

3._____date:_____hours:_____ Location_____

4._____date:_____hours:_____ Location_____

5._____date:_____hours:_____ Location_____

6._____date:_____hours:_____ Location_____

7._____date:_____hours:_____ Location_____

8._____date:_____hours:_____ Location_____

9._____date:_____hours:_____ Location_____

10._____date:_____hours:_____ Location_____

Director / Manager Signature:_____

Name:
Employee ID #:
Date:

Unit:

Level:

CRITERIA CHECKLIST

Points Required Per Level **Level II - 10 Points from a Minimum of 4 Categories; Maximum 4 Points/ Category** **Level III - 20 Points from a Minimum of 5 Categories; Maximum 10 Points/ Category** **Level IV - 30 Points from a Minimum of 6 Categories; Maximum 10 Points/ Category**	**Points per Activity**	**Maximum Points Allowed**	**Points Submitted By Applicant**	**Committee Use Only**	**Review By Committee**
Category 1 – Autonomy					
Highest Formal Education					
Bachelors Degree in Nursing	2				
Bachelor Degree in Healthcare Related	1				
Master Degree in Nursing	3				
Master Degree in Healthcare Related	2				
Doctoral in Nursing	4				
Doctoral in Healthcare Related	3				
Specialty Certification					
Approved National Certification-Initial	2	**4**			
Maintaining Certification	1	**4**			
Total Category 1 Points					
Category 2 – Quality of Nursing Leadership					
Professional Organizations					
Member of Professional Organization	1	**2**			
Office or Chairperson of Professional Organization	2	**4**			
Total Category 2 Points					
Category 3 – Organizational Structure, Interdisciplinary Relationships, Management Style					
Committee / Councils					
Member of Hospital Council Committee	2				
Member of Unit Based Committee	1				
Office on Council /Committee : Secretary, Treasurer					
Hospital Wide	3				
Unit Based	2				
Office on Council /Committee : Chair, Co Chair					
Hospital Wide	4				
Unit Based	3				
Total Category 3 Points					

Points Required Per Level Level II - 10 Points from a Minimum of 4 Categories; Maximum 4 Points/ Category Level III - 20 Points from a Minimum of 5 Categories; Maximum 10 Points/ Category Level IV - 30 Points from a Minimum of 6 Categories; Maximum 10 Points/ Category	Points per Activity	Maximum Points Allowed	Points Submitted By Applicant	Committee Use Only	Review By Committee
Category 4 – Quality Of Care – Professional Models of Care (Research Driven)					
Evidence Based Practice					
Completion of Evidenced Based Practice Class (EBP1 & EBP 2)	1	**1**			
Participation in Evidenced Based Practice Process (1pt/process)	1	**2**			
Nursing Research					
Participation in Research Study (1pt/study)	1	**1**			
Completion of Research Module	1	**1**			
Implementation of Nursing Research					
Completion of steps 1-5	1				
Completion of step 6 (Literature Review)	1				
Completions of step 7 (Methods Section)	2				
Completion of step 8 (IRB approval)	2				
Completion of step 9 (Results)	4				
Completion of step 10 (Conclusion)	1				
Total Category 4 Points		**13**			
Category 5 – Quality Improvement – Evidence Based Practice					
Participant in RPI, FMEA	3				
Quality Initiative / Project					
Leader	4				
Participant	2				
Total Category 5 Points					
Category 6 – Professional Development					
Formal Education - College Credits					
Bachelor Degree in Nursing (2pt/3 credit)					
Bachelor Degree in Healthcare Related (1pt/3 credit)					
Masters in Nursing (3pt/3 credit)					
Master Degree in Healthcare Related (2pt/3 credit)					
Doctoral In Nursing (4pt/3 credit)					
Doctoral in Healthcare Related (3pt/3 credit)					
Maximum 6 Points for College Credits		**6**			
Points Required Per Level Level II - 10 Points from a Minimum of 4 Categories; Maximum 4 Points/ Category Level III - 20 Points from a Minimum of 5 Categories; Maximum 10 Points/ Category Level IV - 30 Points from a Minimum of 6 Categories; Maximum 10 Points/ Category	Points per Activity	Maximum Points Allowed	Points Submitted	Committee Use Only	Review By Committee
Category 6 – Professional Development					

Continuing Education					
10 – 19 Contact Hours	1				
20 – 29 Contact hours	2				
30 – 39 Contact Hours	3				
40 + Contact Hours	4	**4**			
Total Category 6 Points					
Category 7 – Nurses as Teachers					
Instructor					
Name of Instructor / Status	3				
Formal Teaching Program					
Design, Development and First Delivery	2	**4/pgrm**			
Subsequent Delivery	1	**4/prgm**			
Competency Skills Fair					
Organizational or Unit Based	1pt/hr	**4**			
Bulletin Board / Poster Board / Education					
Bulletin Board / Poster Board / Education	1	**1**			
Total Category 7 Points					
Category 8 – Image of Nursing					
Awards					
Nomination: Unit Nurse of Excellence, Team or Individual Award for Awards of Excellence	1/Award				
Awarded: Nurse of Excellence, Team or Individual Award for Awards of Excellence	2/Award				
Awarded: Unit Award	1/Award				
Publications					
Internal Publications	1/pub	**2**			
External Publications	3/pub				
Conferences					
Speaker at External Conference, Seminar, National Presentation	4/conf				
Poster Presentation at Internal or External Conference	2/conf				
Speaker at internal conference	2/conf				
Recruitment / Job Fairs	1	**1**			
Total Category 8 Points					
Points Required Per Level **Level II - 10 Points from a Minimum of 4 Categories; Maximum 4 Points/ Category** **Level III - 20 Points from a Minimum of 5 Categories; Maximum 10 Points/ Category** **Level IV - 30 Points from a Minimum of 6 Categories; Maximum 10 Points/ Category**	**Points per Activity**	**Maximum Points Allowed**	**Points Submitted**	**Committee Use Only**	**Review By Committee**
Category 9 – Community and Healthcare Organization					
Volunteer Activity	1 pt/5 hrs	**4**			
Total Category 9 Points					

Category 10 – Consultation and Resources					
Precepting		**6**			
Nursing Student Preceptorships / Externship Accelerated Nursing Program	1/6 shifts				
New Employee RN / Graduate Nurse	3/12 shifts				
Experienced Nurse	2/i12 shifts				
Communicator					
Communicator / Charge Nurse / Shift Leader	4				
Relief Communicator / Charge Nurse / Shift Leader (minimum of 20 shifts)	2				
Resource Team Member	2				
Total Category 10 Points					
Grand Total Points for Ladder Level Applying for_____			_____		

I attest that the above information is true and accurate.

Printed Employee Name **Date**

Employee Signature **Date**

For Committee Use ONLY. DO NOT WRITE IN THIS SECTION.

Number of Categories:_____

Total Points Approved:_____

Level Achieved:_____

Declined:_____

_____

Signature of Committee Chair Date