

READ THIS LETTER IN ITS ENTIRETY
PROFESSIONAL LADDER FOR REGISTERED NURSES
YEAR

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

DIRECTIONS:

1. Include **all evidence** at the time the application is submitted. **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. Utilize standard 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, and Meets Criteria on current performance evaluation (Note: review MUST include 3 Peer reviews from most recent evaluation. Forms available on Human Resources PULSE site).
5. **ALL** of contact hours MUST be nursing related. SMHCS contact hours are acceptable. **INCLUDE CONTACT HOUR CERTIFICATES FOR VERIFICATION.**
6. Have your DIRECTOR and/or the QUALITY COUNCIL CHAIR sign and date each applicable line on the Validation Grid found on page 10. **PROJECT PRE-APPROVAL FORM MUST ALSO BE SIGNED BY THE NURSING QUALITY AND SAFETY COUNCIL.** Submit Project Description Forms with the completed application.
7. 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).
8. Submit all other supporting evidence as indicated in the application.
9. Submit signed and completed criteria checklist with application.
10. Submit the completed application to Education and Clinical Practice Department, *Attn: Professional Practice Council.*
11. **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.
12. 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.**

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 _____

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: \$1920.00	

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.21) OR Qualifying Project: _____ *Complete Project Evaluation Forms (pp.10-15)	Applicant Initials: Director's Initials:
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 _____

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: _____	Applicant Initials:
*Complete Committee/Council/Resource Team Verification Form (p.21) OR Qualifying Project: _____ *Complete Project Evaluation Forms (pp.10-15)	Director's 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 _____

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)	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.21)	Applicant Initials:
Qualifying Project: _____ *Complete Project Evaluation Forms (pp.10-15)	Director's 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 _____	1 Point
Bachelor Degree Healthcare Related _____	1 Point
Master Degree in Nursing _____	2 Points
Master Degree Healthcare Related _____	2 Points
Doctoral Nursing _____	3 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.21)

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.21) 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.”

Evidence-Based Practice**Completion of Evidence-Based Practice classes (EBP1, EBP2)**

Provide contact hour certificates for classes in supporting documents.

**1 point for both classes
Must attend EBP 1 & 2 to
receive points**

(Note: may **not** be used for contact hours if used here for evidence-based practice points.)

Participation in clinical Evidence-Based Practice Process:

Document clinical/research question, search terms, databases searched, summary of critique of literature.

**1 point/process
Maximum 2 points**

Please provide documentation of these activities.

(Note: credit given with Research Council approval to all who actively participated in process).

Verification from Nursing Research Council Chair or Co-Chair: _____

Nursing Research**Participation in Research Project /Study**

(Nursing or Healthcare related) as Subject

**1 point/study
Maximum 1 point**

Manager Verification: _____

Or Letter from Research Coordinator

(Provide verification of participation such as copy of survey tool)

Completion of Research Module at web address:

NIH PROTECTING HUMAN RESEARCH PARTICIPANTS

<http://PHRP.NIHTRAINING.COM>

(Provide Verification of Completion of Course)

**1 point
Maximum 1 point**

Implementation of Nursing Research: (note: must consult with Nursing Research Council)**Conceptual Phase**

4 points

Formulating the Problem/Review of Literature 2.0

Theoretical Framework 1.0

Formulating Hypothesis 1.0

Verification from Nursing Research Council Chair/Co-chair: _____

Design and Planning Phase

4 points

Selecting a Research Design 1.0

Identify Study Population 1.0

Methods of Measurement 1.0

Design Sample Plan 1.0

Verification from Nursing Research Council Chair/Co-chair: _____

(Continued on next page)

(Continued Implementation of Nursing Research)**Empirical Phase****4 points**

Conducting the Study/Collection of Data	2.0
Assisting in Collecting Data for Study	1.0
Analysis/Interpretation of Data	2.0

Verification from Nursing Research Council Chair/Co-chair: _____**Dissemination of Information****4 points**

Completion of Written Research Report	1.0
Presentation to Nursing Research Council	1.0
Support/Integrate Evidence-Based Findings Into Practice	2.0

Verification from Nursing Research Council Chair/Co-chair: _____**Mentor for a Research Project**

Name of Research Project _____

**2 points/project
Maximum 2 points****Verification from Nursing Research Council Chair/Co-chair:** _____**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.

**Participant in RPI (Rapid Process Improvement)
or RCA (Root Cause Analysis)**

3 Points

Name/Topic:

Dates of RPI, RCA or FMEA:

**Signature of QI Lead or Lead Coordinator of RPI, RCA,
FMEA:** _____

Project:

Unit Based Quality Initiative/Project

4 Points/ Leader

2 Points /Team Member

Project Approval/Progress/Completion Validation Grid

Name of Project:		
Completed Prioritization Matrix	Director Signature:	Date
Completed Pre-Approval Form	Director Signature:	Date
Director Approval To Proceed to Quality Council	Director Signature:	Date
Quality Council Pre-Approval	Chair of Council Signature:	Date
Project Progress Q1: Oct 1-Dec 31	Director Signature:	Date
Project Progress Q2: Jan 1-Mar 31	Director Signature:	Date
Project Progress Q3: Apr 1-June 30	Director Signature:	Date
Project Progress Q4: July 1-Sept 30	Director Signature:	Date
Completion of Project	Director Signature:	Date
Presentation of Completed Project to Quality Council	Chair of Council Signature:	Date

Category 5 Points: _____

PROJECTS MUST BE COMPLETED IN ORDER TO BE USED AS A QUALIFIER OR FOR POINTS

Professional Nursing Ladder Project Prioritization Matrix	
Process Being Evaluated (Project Being Proposed):	
To be presented to Director and Quality Council with Project Pre-approval Forms Prior to Initiating Project	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	

See Professional Nursing Career Ladder Web Site on PULSE for Project Tool Kit

To assist you in utilizing the Project Prioritization Matrix

PROJECT PRE-APPROVAL FORM

(Page 1 of 2)

Year _____

Applicant Name: _____ Unit/ Department: _____ Level: _____

Qualifying Project/Process Improvement /Change in Practice Title:

Description of Project:

Statement of Purpose:

How will this impact and improve care and/or outcomes and how it is linked to Nursing Quality Measures on your unit or Practice Area?

Project TEAM/Change in Practice Team: *(List the names of the nurses involved in the project. The number of participants on any given project should be determined by the Clinical Director)*

Leaders

1.	Team
2.	1.
3.	2.
4.	3.
[REDACTED]	4.
[REDACTED]	5.

Continued on Next Page

PROJECT PRE-APPROVAL FORM
Page 2 of 2

IMPLEMENTATION TIME LINE: DESCRIBE THE STEPS TO BE DONE AND HOW LONG IT WILL TAKE FOR EACH STEP

Specific actions to occur		Duration of time to complete
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Outcome expected:

Measurements to Support the Outcome:

PROJECT PROGRESS FORM
Page 1 of 2

- **SHARE WITH YOUR DIRECTOR QUARTERLY**
- **SIGNATURE REQUIRED QUARTERLY BY DIRECTOR**

Applicant Name: _____ Unit/ Department: _____ Level: _____

MONTH	PROGRESS TO DATE	BARRIERS	NEXT STEPS/ ACTION
FY Q 1			
FY Q 2			

PROJECT PROGRESS FORM

Page 2 of 2

FY Q 3			
FY Q 4			

EVALUATION OF PROJECT:**How will this project be used in future practice?****How Will the outcomes of this project be shared with the organization?****(Present to Quality
Council, Present to Unit Practice Council)**

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)**

- Bachelor Degree in Nursing
- Bachelor Degree Healthcare Related
- Master Degree in Nursing
- Master Degree Healthcare Related
- Doctoral in Nursing
- Doctoral Healthcare Related

MAXIMUM 6 POINTS
2 points per 3 credit course
1 point per 3 credit course
3 points per 3 credit course
2 points per 3 credit course
4 points per 3 credit course
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)
Inservices, Workshops, Conferences, Self -Study Modules**

MAXIMUM 4 POINTS

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.”

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. 23) 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.24).

Competency Skills Fairs

Organizational or unit/ department based

1 point/ hour
 Maximum 4 Points

Include verification of teaching activity /Teaching Verification Form (pg.24).

Bulletin Board / Poster Board / Education

If Bulletin board is related to committee work or is part of a project it may not be used on this category.

1 point / board
 (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: Nurse Of Excellence **2 Points/each award**
Team or Individual Award for Awards of Excellence

Magnet Nurse of Excellence Hospital Wide Award is recognized for the year it is 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 (ie: SMHCS Messenger, Unit Newsletters) **1 points/publication**
Maximum 2 Points

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

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

INCLUDE COPY OF PUBLICATION

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

Poster Presentation at 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 _____

List and include Volunteer Verification Form (p. 22).

**As a component of a Magnet Nursing Career Ladder
Volunteer Activities must require “Nursing Skill/Activity”:**

- 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	

<u>CPS/CNS/Manager Verification for Precepting:</u> _____	

Communicator Activities	
Communicator / Charge Nurse/ Shift Leader	4 points
Relief Communicator/ shift Leader/ Charge Nurse	10 shifts/ 1 points
	15 shifts/2 points
	20 shifts/ 3 points (Maximum for Relief)
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
Chair of Council / Committee
Resource Team Leader**

Date

***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	1				
Bachelor Degree in Healthcare Related	1				
Master Degree in Nursing	2				
Master Degree in Healthcare Related	2				
Doctoral in Nursing	3				
Doctoral in Healthcare Related	3				
Specialty Certification					
Approved National Certification-Initial	2	4			
Maintaining Certification	1	4			
<i>Total Category 1 Points</i>					
Category 2 - Quality of Nursing Leadership					
Professional Organizations					
Member of Professional Organization	1	2			
Office or Chairperson of Professional Organization	2	4			
<i>Total Category 2 Points</i>					
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				
<i>Total Category 3 Points</i>					

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					
Conceptual Phase		4			
Design and Planning Phase		4			
Empirical Phase		4			
Dissemination of Information		4			
Mentor Research Project (2 pts / project)	2	2			
<i>Total Category 4 Points</i>					
Category 5 – Quality Improvement – Evidence Based Practice					
Participant in RPI, RCA, FMEA	3				
Unit Based Quality Initiative / Project					
Leader	4				
Participant	3				
<i>Total Category 5 Points</i>					
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)					
<i>Maximum 6 Points for College Credits</i>		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			
<i>Total Category 6 Points</i>					
Category 7 – Nurses as Teachers					
Instructor					
Name of Instructor / Status	3				
Formal Teaching Program					
Design, Development and First Delivery	2	4/prgm			
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			
<i>Total Category 7 Points</i>					
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				
Publications					
Internal Publications	1/pub	2			
External Publications	3/pub				
Conferences					
Speaker at external Conference, Seminar, National Presentation	4/conf				
Poster Presentation at External Conference	2/conf				
Speaker at internal conference	2/conf				
Recruitment / Job Fairs	1	1			
<i>Total Category 8 Points</i>					
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			
<i>Total Category 9 Points</i>					
Category 10 – Consultation and Resources					
Precepting		6			

