CAREER LADDER
NURSE DIRECTOR CHECKLIST

Applicant Name: _____

Seeking status as (circle one): RN I RN II RN III RN IV RN V
LVN I LVN II

Has this nurse been placed on probation or suspension anytime within the immediate past 12-month period? YES NO Director Initials_____

Has the employee given termination notice? YES NO Director Initials_____

Per policy HR #38, is this employee upholding the Standards of Practice and SIOP Best Practices? YES NO Director Initials_____

Status: _____ Full-time _____ Part-time _____ On Call _____ Resource Pool

CRITERIA:
Instructions: Please verify the criteria met in the **PAST 12 MONTHS** by placing your initials in the appropriate blank.

Employee Initials	Director Initials	
_____	_____	Charge Nurse / Unit Preceptor _____
_____	_____	PI / Research Project – Describe _____
_____	_____	Member Unit-Based Committee – Name of committee _____
_____	_____	Chair/Co-Chair Hospital Comm. – Name of committee_____
_____	_____	Project Leader, Unit-Based Project – Describe _____
_____	_____	Implementation of Technology – Describe _____
_____	_____	Identify & Initiate Process Change – Describe _____
_____	_____	Improvement from Innovation – Describe _____
_____	_____	Developed Evidenced- **B**ased Practice/ Quality Improvement Project – Describe _____
_____	_____	Other – Describe _____

I verify that the above information is accurate.

Nursing Director: _____ Unit: _____
Date: _____/_____/____

Revised 10/6/2020