## CAREER LADDER

NURSE DIRECTOR CHECKLIST

Applicant Name: $\qquad$
Seeking status as (circle one): RN I RN II RN III RN IV RN V
LVN I
LVN II
LVN III
Has this nurse been placed on final written warning or suspension anytime within the immediate past 12-month period? YES NO Director Initials

Has the employee given termination notice? YES NO Director Initials
$\qquad$

Per policy HR \#38, is this employee upholding the Standards of Excellence and SIOP Best Practices?

YES
NO
Director Initials $\qquad$
Status: $\qquad$ Full-time $\qquad$ Part-time $\qquad$ PRN $\qquad$ Resource Pool

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


I verify that the above information is accurate.
Nursing Director:
Department: $\qquad$
Date: $\qquad$
Reviewed 1/11/2024

