

CAREER LADDER QUALIFICATION REVIEW REQUEST

REGISTERED NURSE

Name: _____ Date: _____

Employee #: _____ Current Classification: _____

Current Work Location: _____ Work Phone: _____
(Department Name)

Manager/Supervisor: _____

I. REQUESTING PROMOTION QUALIFICATION REVIEW TO (check one):

Registered Nurse II

Education: Graduation from a recognized college with diploma or degree as a Registered Nurse.

Experience: Completion of one year of current experience working full time as a Registered Nurse in an acute care hospital, mental health, clinic outpatient, public health or equivalent nursing care setting. Experience gained as an Interim Permit Nurse may be credited toward meeting the required experience. Evaluations and/or references must indicate proficiency of practice as a Registered Nurse.

Note: Experience must include demonstration of knowledge and abilities as outlined in the classification specification.

Registered Nurse III

Education: Graduation from a recognized college with diploma or degree as a Registered Nurse.

Experience: Four years of current full time experience working as a Registered Nurse in an acute care hospital, mental health facility or community health agency. A Bachelor's or Master's Degree in nursing or a National Certification in a nursing specialty may be considered in lieu of one year of experience. Evaluations and/or references indicate appropriate skill level.

Note: Experience must include demonstration of knowledge and abilities as outlined in the classification specification.

Registered Nurse IV

Education: Graduation from a recognized college with a Bachelor of Science Degree in Nursing or health related field or have a current National Specialty Certification from the American Nursing Association.

Experience: Six years of current full time experience working as a Registered Nurse with a minimum of two years experience in area of National Certification. A Master's Degree will substitute for two years of general experience. Evaluations and/or references must indicate appropriate skill level.

Note: Experience must include demonstration of knowledge and abilities as outlined in the classification specification, and be working in a National Specialty Certification field. National Certification must be maintained.

Registered Nurse V

Education: 1) Graduation from a recognized college with a Bachelor of Science Degree and have a current National Specialty Certification from the American Nursing Association, or, 2) A Masters Degree in Nursing or health related field.

Experience: Nine years of current full time experience working as a Registered Nurse with a minimum of two years experience in area of National Certification. A Master's Degree will substitute for two years of general experience. Evaluations and/or references must indicate appropriate skill level.

Note: Experience must include demonstration of knowledge and abilities as outlined in the classification specification, and be working in a National Specialty Certification field. National Certification must be maintained.

II. APPLICANT DEMONSTRATION OF ABOVE QUALIFICATIONS

Education: Attach copy of certified transcripts with final grades.

Certificate/License: Attach copy of certificates and/or licenses.

Experience: Attach copy of current resume that demonstrates required work experience.

DECLARATION OF APPLICANT: (Please read carefully) By my signature below, I declare that all information provided on this application, and any other documentation and statements submitted are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in my disqualification.

Signature of Applicant

Date Signed

III. SUPERVISOR/MANAGER REVIEW OF SKILLS/ABILITIES

Verification of Education Qualifications:

Include information relating to: date verified, college contacted, etc.

Experience, Knowledge & Skills Certified via (check all that apply):

- References (list name, title, date of reference)
- Evaluations (list date of evaluations reviewed)
- Skill Demonstration (attach skill summary)
- Test (attach test results)

Manager Signature

Date Signed/Performance Evaluation Date

Department Head/Designee Signature

Date Signed/Performance Evaluation Date

- ❖ Signature of Manager verifies current performance evaluation meeting all standards.
- ❖ Management review to be completed within two weeks of receipt.
- ❖ If not approved, Manager is to complete Comments on Recommendation or Denial section, located on page 4, and communicate denial to employee AND forward a copy to Human Resources Services Manager.

IV. HUMAN RESOURCES REVIEW OF QUALIFICATIONS

- Meets qualifications for requested classification
- Does not meet qualifications for requested classification
- Additional information needed (list date contacted, information requested, etc.)

Human Resources Services Manager/Designee

Date Signed
Performance Evaluation Date

- ❖ If approved, follow your HR protocol.

COMMENTS ON RECOMMENDATION OR DENIAL OF PROMOTION:
