

Staff Nurse III Application

Revised 12/2013

2014 Application Period:

- February 1 - 21
- May 1 - 21
- August 1 - 21
- November 1 - 21

2014 Interview Dates:

- 3/05 and, if needed, 3/10
- 6/04 and, if needed, 6/09
- 9/03 and, if needed, 9/08
- 12/03 and, if needed, 12/08

1. Read the instructions to complete the application - Incomplete applications will disqualify applicant!
2. We can't return documents – please provide copies not originals
3. Please use a binder clip or paper clip (no binders)
4. Double sided copies are preferred (save a tree!)
5. Submit this application and all supporting documentation to Maira in Nursing Administration in Administration
6. Please keep a copy of your application

.....
Name: _____ Emp #: _____
(Please print legibly)

Address: _____
Street City State Zip

Phone: _____ eMail: _____

Unit: _____ Dept #: _____ Work phone: _____

Please select your 1st, 2nd, and 3rd choice of interview times:

2:00 pm	2:30 pm	4:00 pm
3:00 pm	3:30 pm	4:30 pm

This application was received in Nursing Administration on:

Date: _____ at _____ AM/PM

Nursing Administration representative

Application must be signed by Nursing Administration personnel.

Application Process:

1. Obtain the Staff Nurse III Application from the Vice President of Nursing Administrative Assistant.
2. Read the entire packet. Ask the Nurse Educator or your PPC representative if you have any questions.
3. Follow the directions and have the application signed and dated as appropriate by nurse manager, educator, etc. Give two peer evaluations to nurses on your unit, and instruct **them to turn their completed letters to Nursing Administration.**
4. Make a photocopy of your application for your records, as the application becomes a permanent part of your personnel file.
5. When you are ready to turn in your application, take it to Nursing Administration, turn it in and have it signed. Make sure you get a copy of the signed application receipt (front page).
6. Applications will be received quarterly in February, May, August, and November. **Application periods begin on the first of the month and conclude on the 21st of the month.** *(Or, by 5pm on the Monday following the 21st if that date falls on a weekend).*
 - a. For example, May applications will be due by the 21st of May. No applications will be accepted after this date and if the nurse missed this deadline, he/she would have to apply during the next quarter in August.
7. The Staff Nurse III Committee will convene to review your application, complete the review process and schedule an interview with you within 3 weeks of the application period. The formal interview will be 20 to 30 minutes in length.
8. The Staff Nurse III Committee will submit its recommendation regarding your application to the Vice-President of Nursing within three (3) working days of the interview.
9. Within ten (10) working days of the recommendations, the Vice President of Nursing will notify you whether or not you will receive Staff Nurse III status. If you are denied, you will receive a written description of the denial.
10. A lump sum bonus equal to 8% of your annual base pay as set forth in the C.N.A contract will be provided to you by the first payroll period following your receiving Staff Nurse III status.
11. If you feel you need to appeal a denial, please read **Appendix B** of the C. N. A. contract for more details.

Staff Nurse III Application General Information

Name: _____ Unit: _____ Date: _____

Education: Please indicate below highest educational degree achieved

- Associate degree/diploma
- Bachelor's degree (other than nursing)
- Bachelor's degree (nursing)
- Master's degree

Experience:

Years of employment as a Registered Nurse: _____

Years of employment at SLH: _____

Number of hours worked in a calendar year (must be 1000 hours or more) _____ hours

Continuing Education or educational experiences within specialty over last two years (excludes Nursing Update):

Title	Date(s) of attendance	# of CE's?

	Applicant Completed	Committee Verified
1. Current Employee Resource file verifying completion of annual requirements	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff Nurse performance appraisal level of 75 % or above with no "below standard" ratings	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Manager's signature verifying #1 and #2:		
3. 15 hours of CE within specialty over last two years (see above)	<input type="checkbox"/>	<input type="checkbox"/>
4. At least two peer evaluations from your unit	<input type="checkbox"/>	<input type="checkbox"/>
5. Applicant's written, measurable goals for upcoming year (Professional, Patient Care and Personal goals) <i>*If this is a renewal, include your goals from the previous year*</i>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Nurse III Application

Written Statement of (ideally) Three Goals for Upcoming Year

- Goals shall be measurable
- Professional, Patient Care, and Personal Goals
- *If this is a renewal, include your goals from the previous year*

Staff Nurse III Application Point sheet

NOTE: All activities must have been completed in the last twelve months to be eligible for consideration!

THERE MUST BE A TOTAL OF:

**20 points for first-time applicant or an applicant who has let their SNIII status lapse for more than 6 months -OR-
18 points for a current SNIII nurse or a nurse renewing within 6 months of the last awarded term**

- **The points can be from all one category, or from several different categories.**
- **A single project or event cannot be counted for more than one category**

Circle points, fill in blanks and get required signatures or attach information needed for each activity you completed.

<i>Education</i>	PTS	TOPIC/COMMENTS/SIGNATURES
1. CE presenter <input type="checkbox"/> Minimum one hour of pre-packaged material <input type="checkbox"/> Maximum of three different topics may be used for a total of three points <input type="checkbox"/> Presents interdepartmental in-service to all shifts <input type="checkbox"/> Assists at Nursing Update four times a year <input type="checkbox"/> Presents an in-service to all three shifts (researches topic, develops in-service and presents the in-service) <input type="checkbox"/> Assists with three (3) Nursing Competency "Faire" or "Unit Skills Day" sessions <input type="checkbox"/> Assists with Unit Skills Days	(1)	Topic (s): 1. _____ 2. _____ 3. _____
	(3)	Date(s) presented: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>
	(3)	Topic: _____ Date: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>
	(2)	Dates: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>
	(3)	Topic: _____ Date: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>
	(2)	Topic: _____ Date: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>
	(2)	Topic: _____ Date: _____ Signature: _____ <div style="text-align: right;">Manager or educator</div>

Education	PTS	TOPIC/COMMENTS/SIGNATURES
2. Presents health-related materials to the community	(2)	Topic: _____ Date: _____ Signature: _____ Manager or comm. educator
3. Skills Day presenter – researches, develops, & presents skills station at unit specific skills day (includes collecting materials for skills station, making storyboards, etc.)	(2)	Skills station: _____ Date(s): _____ Signature: _____ Manager or educator
4. Instructor Status for BLS	(2)	Copy of current instructor card attached to this application
5. Instructor Status for ACLS, PALS, TNCC	(3)	Copy of current instructor card attached to this application
6. Unit based instructor, e.g.: a. Trainer for Waive testing b. Diabetic Champion c. Wound Care Champion d. Unit Specific Competency Instructor e. Computer Trainer (Medi-Tech, Logicare, Sorian, etc.)	(1) (2) (2) (3) (2) (3)	Signature: _____ Manager or educator Signature: _____ Manager or educator Signature: _____ Manager or educator Competency: _____ Signature: _____ Manager or educator Signature: _____ Manager or educator Copy of current certification attached to this application
7. Prepare / develop educational tools (Tools include creating a brochure that is ready for use by our patients) or instructional video (not previously created by another person) for patient/staff to be determined by SLH medical or nursing committee	(5)	Committee: _____ Topic: _____ Signature: _____ Committee chair
8. Presentation at a health related conference (local, regional, or	(5)	Copy of flyer with conference name, date, topic and your name as a presenter attached

Education	PTS	TOPIC/COMMENTS/SIGNATURES
national)		to this application
9. Full day CE class coordinator – researches, develops, coordinates a full day CE class for nursing staff (If done as a group each person would get a maximum of 3 points).	(6)	Copies of class flyer, agenda, outlines, handouts, all materials from class Signature: _____ Manager or educator
TOTAL POINTS EDUCATION		

Professional Responsibility	PTS	TOPIC/COMMENTS/SIGNATURES
1. Current membership in a National Nursing Organization (ENA, AORN, AACN, AWONN, etc.)	(1)	Copy of current membership card attached to this application
2. Current Bachelors Degree in Nursing (BSN); –OR–	(3*)	Copy of BSN diploma (*Initial / First Time Staff Nurse III application only)
a. BS in a health-related field and explain relevance to nursing (See page 12)	(3*)	Completion of “Relevance to Nursing” sheet attached to this application (*Initial / First Time Staff Nurse III application only)
b. <i>RNs currently pursuing Bachelors Degree in Nursing BSN or health-related field* or Masters Degree MSN. (At least 8 units per academic year)</i>	(2)	*Completion of “Relevance to Nursing” sheet attached to this application
3. In-house publication of clinically based article of two pages, double-spaced, maximum of two articles with two (2) points per article	(2 or 4)	Topic: _____ Signature: _____ Manager or educator
4. Current Master’s Degree in Nursing; –OR–	(4*)	Copy of MSN diploma (*Initial / First Time Staff Nurse III application only)
a. MS in a health-related field and explain relevance to nursing (See page 12)	(4*)	Completion of “Relevance to Nursing” sheet attached to this application (*Initial / First Time Staff Nurse III application only)
5. Active participation in the development of health-care related public policy	(4)	Policy: _____ Committee (city, county, state): _____ _____ Please attach a written description of your participation in this committee and verification of committee meeting attendance
6. Submit an article for publication in a national journal with correspondence of acceptance	(8)	Copy of acceptance letter attached to this application
7. Achievement of BSN or MSN in the last eighteen months	(10)	Copy of diploma attached to this application
8. Principal investigator in a completed research project with presentation of research to health related group	(10)	Research project: _____ Date of presentation: _____
TOTAL POINTS		
PROFESSIONAL RESPONSIBILITY		

Leadership	PTS	TOPIC/COMMENTS/SIGNATURES
1. Works as a charge nurse for 50% of hours worked	(2)	Signature: _____ Manager
2. Active participation in a task force; submits written summary of his/her role on the taskforce & reports on work that has been completed. (May include a process redesign team) Check one of the two options below: <input type="checkbox"/> Attends 60% of taskforce/team meetings <input type="checkbox"/> Attends 75% of taskforce/team meetings	(3) (4)	Written summary attached Reports on taskforce during interview Signature: _____ Manager or Team leader Signature: _____ Manager or Team leader
3. Active participation on a AHS Medical Center and/or community committee; submits a written summary about committee and reports on work accomplished Check one of the two options below: <input type="checkbox"/> Attends 60% of taskforce/team meetings <input type="checkbox"/> Attends 75% of taskforce/team meetings	(3) (4)	Written summary attached Reports on committee work during interview Signature: _____ Manager or Team leader Signature: _____ Manager or Team leader
4. Function as a preceptor to a Senior Nursing Student for one quarter	(4)	Name of student: _____ Dates: _____ Signature: _____ Manager or Nursing Faculty
5. Primary Preceptor to New Grad	(3)	Name of New Grad: _____ Dates: _____ Signature: _____ Manager or educator
6. Relief preceptor to New Grad (6 or more shifts with same New Grad)	(2)	Name of New Grad: _____ Dates: _____ Signature: _____ Manager or educator

Leadership	PTS	TOPIC/COMMENTS/SIGNATURES
7. Coordinate an activity or function to improve morale, celebrate an occasion or recognize a special accomplishment of a peer. (50% of unit employees must be in attendance)	(2)	Activity: _____ Date: _____ Signature: _____ <div style="text-align: center;">Manager</div>
8. Unit Specialty Nurse Specialty Nursing Certifications <input type="checkbox"/> CCRN, CEN, Med/Surg, Oncology, NIH, CNOR, TNCC, CNRN, CPAN, etc. <input type="checkbox"/> OR specialty	(2) (3)	Copy of current certification card attached to this application Signature: _____ <div style="text-align: center;">Manager</div>
9. Elected representative /officer/ organization i.e., PPC, LUC, delegate to C.N.A., CNA Contract Bargaining Committee, CNA Nurse Representative, etc. Chair of Nursing Committee	(2) (3)	Activity: _____ Signature: _____ <div style="text-align: center;">Manager</div> Activity: _____ Signature: _____ <div style="text-align: center;">Manager</div>
10. Membership in any of these committees: <input type="checkbox"/> Interdisciplinary Practice <input type="checkbox"/> Nursing Education (3) <input type="checkbox"/> Environment of Care <input type="checkbox"/> Infection Control <input type="checkbox"/> Bio-ethics <input type="checkbox"/> Staff Nurse III <input type="checkbox"/> Nursing Advisory <input type="checkbox"/> Patient Safety Committees (3) <input type="checkbox"/> Patient Experience Committee ➤ Only two points possible (unless noted for 3 points). Must attend 50% of meetings or assume leadership role when projects are implemented.	(2) max	Signature: _____ <div style="text-align: center;">Committee Chair</div>
TOTAL POINTS LEADERSHIP		

Nursing Practice	PTS	TOPIC/COMMENTS/SIGNATURES
1. Present an update to Age-Specific Care at the unit level	(2)	Topic: _____ Date: _____ Signature: _____ Manager
2. Present an update to Culturally Specific Care at the unit level	(2)	Topic: _____ Date: _____ Signature: _____ Manager
3. Review and revise ten policies per year; providing a list of revised policies	(3)	List of revised policies attached to this application
4. Write one new policy and get approval from the Interdisciplinary Practice Council ➤ * Max of 2 new policies for max of 4 points	(2) OR (4*)	Policy name: 1. _____ 2. _____ Signature: _____ Interdisciplinary Practice Council Chair
5. Participate in development of a new clinical practice, in-service and implement. (Attach details of clinical practice and your in-service and implementation plans)	(5)	Clinical Practice: _____ Signature: _____ Committee Chair
6. Develop and conduct a QA/CQI study with indicators, tools and outcome utilizing QA/CQI format	(6)	CQI project: _____ Signature: _____ QI Committee Chair
7. Research Nursing Evidenced Based Practice, present an educational and roll out plan for implementation at the medical center	(4)	Topic: _____ Date: _____ Signature: _____ Manager
TOTAL POINTS NURSING PRACTICE		

Community Involvement	PTS	TOPIC/COMMENTS/SIGNATURES
<p>Participation in volunteer / community activities for:</p> <ul style="list-style-type: none"> <li data-bbox="240 352 727 420">❑ Health fairs (CV Fall Festival, San Leandro Cherry Festival, etc.) <li data-bbox="240 487 646 520">❑ Career Day at local schools <li data-bbox="240 625 665 751">❑ Any community outreach coordinated by AHS Medical Center's Public Relations department <li data-bbox="240 827 727 987">❑ Other mutually agreed upon activities (2) points per event for 4 points; *three or more event(s) qualifies for one (1) additional point each. <li data-bbox="240 1394 649 1461">❑ Disaster relief or community health care related work 	<p>(2)</p> <p>(2)</p> <p>(2)</p> <p>(2)</p> <p>(2)</p> <p>(1)</p> <p>(1)</p> <p>(2)</p>	<p>Date: _____ Signature: _____ Event coordinator</p> <p>Date: _____ School: _____ Signature: _____ Event coordinator</p> <p>Date: _____ Signature: _____ Event coordinator</p> <p>Activity 1: _____ Date: _____ Signature: _____ Event coordinator</p> <p>Activity 2: _____ Date: _____ Signature: _____ Event coordinator</p> <p>Activity 3: _____ Date: _____ Signature: _____ Event coordinator</p> <p>Activity 4: _____ Date: _____ Signature: _____ Event coordinator</p> <p>Activity: _____ Date: _____ Signature: _____ Event coordinator</p>
TOTAL POINTS COMMUNITY INVOLVEMENT		

Totals Sheet	
Education	
Professional Responsibility	
Leadership	
Nursing Practice	
Community Involvement	
Total (at least 18 points for current SNIII and 20 points for new or lapsed status. See page 5)	

Please attach all copies of supporting documentation if needed to this application. Failure to do so will result in denial of Staff Nurse III status.

Degrees – Relevance to Nursing (Professional Responsibility section, page 7 – reference item 2a and 4a)

2a. For those nurses with a BS degree in Healthcare Administration or other health-care related field (i.e., Counseling):

Please describe how having a BS in a health-care related field has helped you in your role as a nurse (at least 200 words, typed and attached to this application).

4a. For those nurses with a MS degree in Healthcare Administration or other health-care related field (i.e., Counseling):

Please describe how having a MS in a health-care related field has helped you in your role as a nurse (at least 200 words, typed and attached to this application).

Staff Nurse III Application
Peer Evaluations from your unit (at least two must be submitted)

Directions: Please give this form and an envelope to a nurse on your unit who works directly with you. He/she needs to fill out the form, put it in the attached envelope and send it to Nursing Administration. Make sure it is completed before the deadline date!!

Name of nurse applying for Staff Nurse III: _____

Name of staff nurse peer: _____ Unit: _____

How long have you worked with this nurse? _____ years

What shift do you work? _____

Please give **one example** of:

How you or others have utilized this nurse as a resource

How this nurse acts as a role model on your unit

This nurse showing excellent assessment skills

This nurse using initiative to improve the quality of patient care

This nurse providing leadership to peers

Other comments about this nurse (use back of page if necessary):

Completed by: _____ Date _____

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