

Checklist Level II: Professional Nursing Pathway

Basic Information Employee ID#: _____ Date of Hire: Department: _____ Years' Experience as a Registered Nurse (1 Year Required): **Academic, Certification & Leadership Requirements** Highest Degree Completed: Diploma Associates Bachelors Masters **Doctorate** Specialty Certification Completed (if applicable): Years of Charge/ Preceptor Experience (if applicable): Charge Years: _____ Preceptor Years: _____ **Committee Involvement** Committee Name: Chair/Co-Chair Role: Member Signature of Designee Certifying Attendance at **at least** four meetings in the last six months: Signature Date Additional Requirements (Must complete 1 activity across 3 categories) Please check/ circle the categories you will be applying with. Leadership Quality/Performance Improvement Professional Development Service to the Community/ Hospital Nurse as Preceptor/ Mentor/ Educator