

## Checklist Level III: Professional Nursing Pathway

Basic Information	
Name:	Employee ID#:
Department:	Date of Hire:
Years' Experience as a Registered Nurse (2 Years Required):	
Academic, Certification & Leadership R	Requirements
Highest Degree Completed: Diploma	Associates Bachelors Masters Doctorate
Specialty Certification Completed (if app	olicable):
Years of Charge/ Preceptor Experience (	(if applicable): Charge – Years: Preceptor – Years:
Committee Involvement	
Committee Name(s):	_
Role: Member Chair/Co-	Chair
Signature of Designee Certifying Attend	ance at <b>at least</b> four meetings in the last six months:
Signature	Date
Signature of Designee Certifying Attend	ance at <b>at least</b> four meetings in the last six months:
Signature	Date
Additional Requirements (Must complete Please check/circle the categories you we	- '
Leadership	
Quality/Performance Improvement	Service to the Community/ Hospital
Professional Development	Nurse as Preceptor/ Mentor/ Educator