

Leadership Verification Form

Please check the box of the activity you are applying with and include the supporting documentation.

Applicant Name: _____

Applicant Department: _____

<p>1. Serves as a resource for nursing staff as observed by nurse manager and/or charge nurses</p>		<p>Please attach separate page with a one-paragraph statement from charge nurse/ manager detailing evidence of leadership behaviors.</p> <p>Manager/Charge Nurse Signature/ Date:</p> <hr style="width: 100%;"/> <p style="display: flex; justify-content: space-between;"> Signature Date </p>
<p>2. Serves in the charge nurse role (if not needed for minimum requirements)</p>		<p>Dates of Service:</p> <p>Manager Signature:</p> <hr style="width: 100%;"/> <p style="display: flex; justify-content: space-between;"> Signature Date </p>
<p>3. Participates in peer interview process (at least 3 interviews completed)</p>		<p>Dates of Peer Interviews:</p> <p style="text-align: center;">1- 2- 3-</p> <p>Manager Signature:</p> <hr style="width: 100%;"/> <p style="display: flex; justify-content: space-between;"> Signature Date </p>
<p>4. Facilitates a Critical Event debriefing</p>		<p>Date of Critical Event Debriefing:</p> <p>Manager Signature:</p> <hr style="width: 100%;"/> <p style="display: flex; justify-content: space-between;"> Signature Date </p>
<p>5. Chair or organize professional conference/ teaching day/ lunch and learn</p>		<p>Date of Event:</p> <p>Please attach separate page with a one-paragraph statement detailing the topic and outcomes of event as well as number of individuals who attended.</p>

<p>6. Leads an organizational committee (beyond minimum requirement)</p>		<p>Name of Committee: Role: Dates of Service: Designee Signature: _____ Signature Date</p>
<p>7. Serves in a leadership role/ board member of a professional nursing organization</p>		<p>Organization Name: Role: Dates of Service: Designee Signature: _____ Signature Date</p>
<p>8. Creates/ implements or reinforces a peer recognition initiative as observed by manager</p>		<p>Please include a separate page with a detailed description of initiative and any supporting photos. Manager Signature: _____ Signature Date</p>
<p>9. Creates/ implements or reinforces team building initiative on unit or between units</p>		<p>Please include a separate page with a detailed description of initiative and any supporting photos. Manager Signature: _____ Signature Date</p>
<p>10. Participates in a nursing leadership course from Educational Services or outside the organization</p>		<p>Name of Course: Name of Organization Offering Course: Date Course Taken: Please attach Certificate of Completion, CE credit, etc.</p>
<p>11. Exemplar</p>		<p>Please attach exemplar with heading: Leadership Exemplar. An exemplar is a story describing something that has helped you grow as a nurse. Please see page 22 on Exemplars for more detailed information.</p>