



CAP APPLICATION - RENEWAL

STEP ONE: Personal Information

Name: _____
Last First Middle

Unit: _____ Title: _____ FTE: _____

Address: _____
Street Apt #

_____ City State Zip Code

Primary Phone #: _____ Work Phone #: _____

Email: _____

Applying for RENEWAL of Clinical Advancement Status: See policy for requirements

Clinical Nurse 3
Requires a BSN or current certification in specialty; minimum of 2 years RN experience with at least 1 year in peds/neonatal, proof of no less than 15 CNE within last 12 months.

Last Advancement Date: _____

Clinical Nurse 4
Requires a BSN or MSN and certification in specialty; minimum of 5 years RN experience with at least 3 years in peds/neonatal, proof of no less than 25 CNE within the last 12 months.

Start Date as RN at CHKD: _____

Years as Pediatric/Neonatal RN: _____

Initial License Date: _____

Total Years as a RN: _____

RN Signature: _____ Date: _____

STEP TWO: Manager Approval

By signing below, I verify the following:

- employee has been a licensed Registered Nurse for over 2 years
- employment as a bedside RN at CHKD for a minimum of one year
- no disciplinary actions above a 'written memo to file' in the last 12 months
- most recent employee evaluation score: minimum of a four (4)

Manager Signature: _____ Date: _____

Print Signature: _____ Title: _____

STEP THREE: Submit via E-mail

SCAN or E-MAIL a copy to: CAP.RN@chkd.org

Retain one copy to be submitted with your portfolio.

Employee Number: _____

CAP PANEL USE ONLY	
Received:	_____
Expiration:	_____