



# CAP APPLICATION

## 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 Clinical Advancement Status: *See policy for requirements*

- Clinical Nurse 3 CN3 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.
- Clinical Nurse 4 CN4 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.

Initial License Date: \_\_\_\_\_ Start Date as RN at CHKD: \_\_\_\_\_

Total Years as a RN: \_\_\_\_\_ Years as Pediatric/Neonatal RN: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP TWO: Manager Approval

By signing below, I verify the following:

- employee is at least a 0.45 FTE
- 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](mailto:CAP.RN@chkd.org)**

***Retain one copy to be submitted with your portfolio.***

Employee Number: \_\_\_\_\_

<b>CAP PANEL USE ONLY</b>	
Mentor:	_____
Mentor Assignment Sent:	<input type="checkbox"/>
Received:	_____
Expiration:	_____