

CLINICAL LADDER APPLICATION



All blanks must be filled in. If any portion is left blank, your application will not be processed. This application will be retained by the verification panel.

Name: Kaci Mills Employee Workday ID: [REDACTED]

Campus: CHI St. Vincent Hot Springs Job Title: RN

Application for Level:

- ☐ 2
☒ 3
☐ 4

Years of RN experience: 4 years

Did you participate in the previous Clinical Ladder Session? ☒ Yes ☐ No

Department/Unit: Maternal Child Manager/ Director: Amy Gates

Your Phone Number: [REDACTED] CHI Email: Kaci.mills@ [REDACTED]

Home Address: [REDACTED]

Please check each of the ANA Standards of Performance you are submitting. Use a separate tab in your binder for each standard and include all supporting documents:

- ☐ Standard 7: Ethics
- ☐ Standard 8: Culturally Congruent Practice
- ☐ Standard 9: Communication
- ☐ Standard 10: Collaboration Quality of Practice
- ☒ Standard 11: Leadership (Required for levels 3 and 4)
- ☒ Standard 12: Education
- ☒ Standard 13: Evidence-Based Practice and Research (Required for level 4)
- ☒ Standard 14: Quality of Practice (Required for levels 2, 3 and 4)
- ☐ Standard 15: Professional Practice Evaluation
- ☐ Standard 16: Resource Utilization
- ☐ Standard 17: Environmental Health



Please check the session for which you are submitting:

- ☐ April - September *Session 1*
☒ October - March *Session 2*

Please check current CHI St. Vincent employment status as a clinical nurse:

- ☒ Full time
☐ Regular Part time (Include proof of hours worked from HR or Kronos required and place in your binder following this application. Must be greater than 520 hours during the session.)
☐ PRN (Include proof of hours worked from HR or Kronos required and placed in your binder following this application. Must be greater than 520 hours during the session.)

INCLUDE WITH YOUR APPLICATION COPIES OF DIPLOMA AND CERTIFICATION BELOW

Please check the highest degree held:

- ☐ Diploma
☐ Associates Degree in Nursing
☒ Bachelors in Nursing
☐ Masters in Nursing
☐ Doctorate in Nursing

Are you pursuing a higher degree?

- ☐ Yes
☒ No

If yes, type of degree pursuing?

- ☐ BSN
☐ MSN
☐ Nurse Practitioner Degree
☐ Nurse Anesthetist
☐ Doctorate
☐ Other: _____

Professional Certification*held: Certified Pediatric Nurse

Date of Expiration: 2/28/2024

*Please ensure your certification is on the list of nationally recognized certifications.

<https://www.nursingworld.org/organizational-programs/magnet/accepted-certifications/>



Use the appropriate level's checklist to ensure that you have all required elements prior to submitting your portfolio for grading.

Specification Checklist:	Level 2	Level 3	Level 4
Experience:	<input type="checkbox"/> > 6 months as RN	<input checked="" type="checkbox"/> > 2 years	<input type="checkbox"/> > 3 years
Education:	<input type="checkbox"/> Diploma/ADN or higher (include a copy)	<input checked="" type="checkbox"/> BSN or higher (include a copy of) OR <input checked="" type="checkbox"/> Proof of Certification	<input type="checkbox"/> BSN or higher (include a copy) AND <input type="checkbox"/> Proof of Certification
Inservice: (specified attendees is a minimum requirement per level)	<input type="checkbox"/> 1. In-service with 5 attendees	<input checked="" type="checkbox"/> 1. Inservice with 10 attendees AND <input checked="" type="checkbox"/> 2. In-service with 10 attendees	<input type="checkbox"/> 1. In-service with 20 attendees AND <input type="checkbox"/> 2. In-service with 20 attendees
Required Classes:	<input type="checkbox"/> Clinical Coach* (*only required if you are submitting precepting hours) <input type="checkbox"/> Taking Charge* (*only required if you are submitting charge nurse hours)	<input checked="" type="checkbox"/> Clinical Coach <input checked="" type="checkbox"/> Taking Charge	<input type="checkbox"/> Clinical Coach <input type="checkbox"/> Taking Charge
Required Standards:	<input type="checkbox"/> Standard 14 <input type="checkbox"/> Standard _____	<input checked="" type="checkbox"/> Standard 11 <input checked="" type="checkbox"/> Standard 14 <input checked="" type="checkbox"/> Standard 12 <input checked="" type="checkbox"/> Standard 13	<input type="checkbox"/> Standard 11 <input type="checkbox"/> Standard 13 <input type="checkbox"/> Standard 14 <input type="checkbox"/> Standard _____ <input type="checkbox"/> Standard _____ <input type="checkbox"/> Standard _____

Inservice Title: IV compatibility Attendees: 15

Inservice Title: QBL: An Accurate Detection of Postpartum Hemorrhage Attendees: 21

Inservice Title: _____ Attendees: _____

Certification held: Certified Pediatric Nurse Expiration: 2/28/2024

(Must be spelled out. No abbreviations. If you have more than one please list 2nd below.)

Nursing Organization Membership: _____ Expiration: _____

Did you use this membership in the previous CL session?

☐ Yes

☐ No

Volunteer Hours submitted this session: _____



By signing below, I verify that the above information is accurate to the best of my knowledge. I understand that if any of the information is found to be false or fraudulent, or done by others, it may result in the denial of this application and/or further disciplinary action.

Applicant Name(Print): Kaci Mills

Signature: Kaci Mills Date: 3/19/23

By signing below, I verify that the applicant is a clinical nurse with >520 hours at the bedside, in good standing, including completion of required educational assignments, and I support their application for the Clinical Ladder Program.

Nurse Manager Name(Print): Amy Coates, RN

Manager/Director Signature: [Signature] Date: 3-21-23

Immediately following this application, please include all necessary proof for Part Time and PRN status, Proof of Degree, Certifications and any other supporting documents required for the level you are applying for.

It is not required, but it is TO YOUR ADVANTAGE, to have a Clinical Ladder Champion look over your notebook prior to submission. It can help catch details that may be problematic in granting the level you are applying for, and prevent you from being dropped a level unnecessarily. Your champions want to help you succeed in your achievement. A Champion can provide verbal assistance, but may not complete any portion of the portfolio for you.

This application will be retained for tracking and statistical purposes. You will receive a letter in the mail with a comment sheet from the verification panel to notify you of approval. Please review all kudos, comments, or suggestions for recommended improvements and discuss with your area's Clinical Ladder Champion if you have any questions.

Thank you for your hard work and participation!



Standard 11: Leadership

The Registered Nurse leads within the professional practice setting and the profession.

The projects and activities below are intended to meet the **Leadership Standard**. We encourage you to collaborate with your nurse manager, director, educator or other nursing leaders to complete projects or activities that **demonstrate the ability to influence others and accomplish common goals**.

Completing one activity will meet this standard. Please check the activity you completed and submit this page with your application.

- ☐ 1. Demonstrate active membership in a local, state, or national chapter of a professional nursing organization. **May only be submitted once a year. Include worksheet F.**
- ☐ 2. Serve as a committee or task force member or officer in a professional nursing organization. May be submitted for each term if the professional membership results in participating on a committee which was active in the 90 days before the application period. **Include worksheet F.**
- ☐ 3. Serve as a **relief** charge RN for at least 48 hours in the past 6 months (assigned as charge nurse when PCC unavailable). Patient Care Coordinator (PCC) **may not use this option. Include copy of Kronos report or worksheet B and proof of attendance to 'Taking Charge' class.**
- ☐ 4. Provide 4 hours of service at a CHI St. Vincent recruitment events. **Include worksheets A & B.**
- ☐ 5. Utilizing the ANA Scope and Standards of Leadership as a reference, provide an example of how you have served as a leader, within the organization to ensure the provision of cost-effective, quality care. **Include worksheet I.**
- ☐ 6. Participate for a minimum of 5 hours on unit based council or organizational practice committee. Include **worksheets A & B.**
- ☐ 7. Serve as a Clinical Ladder champion, on a unit based council or practice council, or other quality initiative committee. Demonstrate attendance at 4 out of 6 meetings if applicable. **Include worksheet A.**
- ☒ 8. Collaborate with your nurse manager, director, educator or other nursing leaders to complete a Leadership related project not listed above. **Include worksheet A and additional documentation to substantiate the project.**
- ☐ 9. Collaborate with your nurse manager, director, educator, or other nursing leaders to provide a unit-based in-service or develop an educational module that pertains to this standard. **Include worksheet E along with objectives, sign-in sheets, etc.**

Some examples of topics related to leadership include:

- | | |
|--|------------------------------|
| ▪ Motivating, inspiring and influencing others toward common goals | ▪ Pathway to Excellence |
| ▪ Achievement of outcomes | ▪ Magnet Recognition Program |
| ▪ Oversight of nursing care given by others (delegation) | |
| ▪ Mentorship | |
| ▪ Performance improvement | |
| ▪ Future of Nursing | |



CLINICAL LADDER
WORKSHEET A

Professional Project/Committee Participation/ Community Service Worksheet

To demonstrate meeting this CLINICAL LADDER elective requirement criterion, complete a separate worksheet for each project/ activity you are submitting. Consider the activity you are submitting and complete each section of this worksheet (do not leave blanks).

This project/ activity meets the requirement of CLINICAL LADDER Standard (check one):

- | | |
|---|---|
| <input type="checkbox"/> 7. Ethics | <input type="checkbox"/> 13. EBP and Research |
| <input type="checkbox"/> 8. Culturally Congruent Practice | <input type="checkbox"/> 14. Quality of Practice |
| <input type="checkbox"/> 9. Communication | <input type="checkbox"/> 15. Professional Practice Evaluation |
| <input type="checkbox"/> 10. Collaboration | <input type="checkbox"/> 16. Resource Utilization |
| <input checked="" type="checkbox"/> 11. Leadership | <input type="checkbox"/> 17. Environmental Health |
| <input type="checkbox"/> 12. Education | |

Project/ Activity: ATA Sweetheart Seminar

Project Sponsor/Collaborator: Amy Gates, Tonya Baier
(Name of nurse manager, director, educator, or other nursing leaders)

Date(s) of activity: 11/21/2022
(Must be within the 6 months prior to application deadline):

Attach a copy of any documents that will substantiate your work (minutes, attendance, photo of poster, agenda, outline, handouts, resource list, etc.).

On a separate document, type out each of the following questions and provide answers as they pertain to your project/ activity. Your answers should be comprehensive and reflective of new learning, professional growth, or practice change within the past 6 months. One word or one sentence answers are not sufficient. Attach the questions and answers to this worksheet.

1. Provide a thorough description of the project/activity.
2. What was your role in the project/activity?
3. Who else was involved with the project/activity?
4. How does the project/activity impact nursing practice as it relates to the ANA Standard of Practice you are submitting? You must reference the Standard in your answer.
5. Describe how the goals/objectives related to the project/activity are being met.
6. What did you learn as a result of participating in the project/ activity?
7. How have you applied or how will you apply what you learned to your nursing practice?

