CAREER LADDER
NURSE DIRECTOR CHECKLIST

Applicant Name: _____

Seeking status as (circle one): RN I RN II RN III RN IV RN V
LVN I LVN II LVN III

Has this nurse been placed on final written warning or suspension anytime within the immediate past 12-month period? YES NO Director Initials_____

Has the employee given termination notice? YES NO Director Initials_____

Per policy HR #38, is this employee upholding the Standards of Excellence and SIOP Best Practices?
YES NO Director Initials_____

Status: _____ Full-time _____ Part-time _____ PRN _____ Resource Pool

CRITERIA:
Instructions: Please verify the criteria met in the **PAST 12 MONTHS** by placing your initials in the appropriate blank.

Employee Initials	Director Initials	
_____	____	Charge Nurse / Unit Preceptor _____
____	____	PI / Research Project – Describe _____
____	____	Member Unit-Based Committee – Name of committee _____
____	____	Chair/Co-Chair Hospital Comm. – Name of committee_____
____	____	Project Leader, Unit-Based Project – Describe _____
____	____	Implementation of Technology – Describe _____
____	____	Identify & Initiate Process Change – Describe _____
____	____	Improvement from Innovation – Describe _____
____	____	Developed Dept. Evidenced- based Practice/Quality Improvement Project - Describe _____
____	____	Other – Describe _____
____	____	**PRN staff meet minimum hours required of 288 per year.**

I verify that the above information is accurate.

Nursing Director: _____ Department: _____Date: ____/_____/____

Revised 10/08/2025

Effective 10/08/2025