Acceptable Certifications to include in your application. Refer to HR Policy.

**CAM-OD017NUR**

**Title:** Board Certification Program - Registered Nurses

If you do not find your certification listed, please consult with a senior leader.

**Contact Information:**

Linda Wayne, RN, Chairperson
Johnson, Karen, RN
Huggins, Melinda, RN
Borcsik, Lindsay, RN
Colander, Linda, RN
Grist-Seenarine, Claire, RN
Haigh, Karen, RN
McCloskey, Annette, RN

Anas, Evangeline, RN
DiOrio, Anthony RN
Krouse, Nikia, RN
Hafycz, Sandy, RN
Bricker, Jamie, RN

For reference materials and guidelines, check out lourdesnet.org

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**Changes to the Clinical Ladder 2015—2016**

Professional Development Council
Changes to take place in next year—7/1/15 to 6/30/2016

Application Cover Sheet to include:

Track applying for: ___________

Required In-services:

- Include a copy of Presentation
- Picture of Poster
- Power Point Presentation

Certifications: maximum is 5 points. A reminder Certifications must be relevant to a nurse’s job.

Please do not submit Original certificates (only copies).

Career Ladder Clarifications

1. The application process for the career ladder requires; the nurse must provide two in-services. These two in-services can be presentations, posters or power points. The in-services must be reviewed and approved by the Nurse Manager and a member of the Nursing Education Department prior to the presentation, poster or power point being provided.

2. A Career Ladder application and binder will be returned to the applicant for corrections or to clarify discrepancies, only if this is the first time a nurse has applied for Career Ladder. One week will be granted for the nurse to return the binder in order to receive credit for the Career Ladder. If questions remain, the application will be reviewed and decided on by the Nurse Executive Council.

3. A copy of all supporting documents must be included in the binder: degree, transcripts, memberships, and certifications.

4. When providing clinical resource evidence for credit, the nurse must include specific date that his/her expertise was utilized and the name of the person who you provided the service AND education to.

Category II: Volunteer Activities

Document amount of hours for each activity on separate forms. Validation should include a signature from the coordinator that activity/email from the coordinator.

Category III: Council and Committee Involvement

This does not include peer review committee, but does include interdisciplinary committees (i.e. Bioethics)

Category V: Research

Must provide a copy of the research article that was reviewed. Cite reference using APA format.

Category VI: Self-Development

Provide transcript copy of CE. Hours must be documented. Must complete above 15 hours which are required for license.

Category VII: Provision of Education

Clinical & Educational Tracks Only

- Change Precepted Lourdes’ Associate or student in Score 1 to 72--108 hours. In Score 2 to 109-218 hours. In Score 3 to more than 218 hours.

All Tracks

- Added presentation of Grand Rounds

Category VIII: Additional Activities

Deleting the word “Coordinator “ and change to “Administers” PPD Testing.

Added NICHE specific projects.

Do Not Submit Pay stubs or personal information from Lawson to validate years of service. Your Manager signature is sufficient.