Information and FAQs

Clinical Nurse Recognition Program Re-Application Process

Date: December, 2010; Revised August 2011

Clinical Nurse Recognition Program: General Guidelines for Re-Application

The re-application process should be used for those nurses who wish to remain at their current level of recognition. Re-application is due annually (during CNRP submission deadline that is closest to and prior to next annual appraisal date). (Ex: submitted Level II in Nov. 2011 and appraisal is yearly in December; therefore re-application for Level II or application to Level III is due prior to December 2012.)

- 1 The re-application process is open to all nurses currently active in the CNRP and who:
 - a. Remain employed at Huntington Hospital as an RN in the area where they achieved their current level
 - b. Have worked a minimum of part time equivalent over the past 12 months
 - c. Have a most recent performance evaluation with no categories below the "meets" level
 - d. Have not been on a Performance Improvement Plan in the past six months.
- 2 The program is voluntary and is not mandatory.
- Once a level is achieved, if the nurse wishes to maintain the level, he/she must submit a renewal application annually (during CNRP submission deadline closest and prior to annual appraisal date) in order to maintain their level and receive compensation. Failure to submit the renewal application at the required time will result in forfeiture of the achieved level and any associated compensation. A full application will be required to attain the previous level.
- 4 If re-application is incomplete or does not meet minimum criteria, the nurse may re-file a full application during the next enrollment cycle.
- 5 Levels must be achieved sequentially. Advancement to a higher level may be applied for annually during the appointed time frame and as closest to annual appraisal date. The nurse can only advance one level per year.
- Re-applications will be reviewed and evaluated by the Clinical Nurse Recognition Program Council. If an application is incomplete or if council requires additional information prior to rendering a decision, the nurse will be asked to address council requests and resubmit the application within a specified time frame.
- 7 If the nurse is on a leave during the re-application time frame, they will be able to re-apply the month before their re-scheduled annual appraisal date.

Points & Recognition Review

Level II Total minimum points required for each category

- 20 Structural Empowerment
- 20 Exemplary Practice (Includes HMH-1 Education Criteria)
- 5 New Knowledge
- 10 Transformational Leadership

A. Recognition Award:

- 1 Reimbursement for cost of certification exam, certification examination preparation course/text or professional organization membership dues/renewal up to \$500.00.
 - a. May be applied to re-certification exam cost.
 - b. Only one certification per person may be reimbursed annually.
 - c. Reimbursement is limited to certifications that directly benefit the nurses' current role; and their current role supports continued certification in that specialty.
 - d. If applicant is already certified and is not due to recertify, payment may be applied to towards another certification which directly benefits their current role and the current role supports continued certification in that specialty.
 - e. If applicant is certified and/or also a current member of a professional organization, \$500.00 can be applied to fees of a pre-approved conference, class or professional development course; or may be applied to tuition reimbursement for amount exceeding the annual limit covered in policy 870.
 - i. Must utilize forms in policy 602 for conference attendance.
 - ii. Must submit copies of completed attachments "A" and "D" from policy 602 to the CNRP Council
 - f. Acknowledgement from HR required for tuition reimbursement.
- 2 One Paid Education Day (eight hours) in approved course/activity

Information and FAQs

Clinical Nurse Recognition Program Re-Application Process

How the Re-application Process works:

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|-----|---|
| | RN has made the decision to re-apply for their current level |
| | RN goes to Sharepoint to download the re-application form checklist |
| | O Go to Sharepoint> Patient Care> Clinical Nurse Recognition Program Forms (left toolbar |
| _ | under Documents) |
| | RN requests copy of previous full application, if necessary, as a reference |
| _ | O Call Karen Larkins x2020 or Karla Marshall x5027 and a copy will be emailed to you |
| | RN reviews criteria used for last application and verifies which have been maintained; |
| | begins collecting substitute elements and writing professional exemplars as required |
| _ | to meet minimum point values (see page 1 for point requirements) RN chooses which additional SE or EP exemplar to include in re-application |
| | RN chooses either NK or TL10 exemplar to include in re-application |
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| | |
| | RN submits re-application documents to CNRP Council by due date (one month prior |
| _ | to performance evaluation) |
| | CNRP Council reviews all re-applications O All re-applicants who continue to meet minimum criteria will be notified via email within 30 |
| | days and recognition awards and certificates for that level will be mailed via interoffice mail. |
| | days and recognition awards and certificates for that level will be mailed via interoffice mail. |
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| Jse | e this section to help you compile the required documents: |
| | Level II Re-application form |
| | I referred to my original level II application to review which standards I used for my initial application. |
| | Previous level II SE & EP Standards indicated with a checkmark |
| | I indicated whether any substitute exemplars were needed; I listed as required and any forms that were |
| | needed I pulled from the CNRP Sharepoint site (listed above) |
| | I included a completed Committee Verification Form if I am using the SE1 Standard |
| | I signed and dated all the forms |
| | I discussed the re-application form with my Manager & signature was obtained |
| | I included either the NK form or the TL-10 form |
| | I included an additional SE or EP exemplar using the forms available on the CNRP site on Sharepoint |
| | assistance with your re-application, please contact any of the CNRP Council members. A complete |
| ٥r | assistance with your re-application, please contact any of the CNKP Council members. A complete |

listing of current level II nurses and council members is available in Sharepoint.

O Go to: Sharepoint> Patient Care> Clinical Nurse Recognition Program Forms (left toolbar under Documents)



CNRP Level II Re-application Form

| Name | Employee # | Date | Unit | | | | | | | |
|--|------------|------------|------|--|--|--|--|--|--|--|
| Initial application submitted on : Manager Signature/Acknowledgement: | | | | | | | | | | |
| Manager Signature signifies discussion of this comaintained their level of engagement and profes | | | | | | | | | | |
| Please indicate with a check mark in the box application and which standards you are cur | | • | • | | | | | | | |
| SE= Structural Empowerment EP= Exemplary Practice | | | | | | | | | | |
| *If SE1 is being used, Committee Verification Form must be included Initial Here: I affirm that I have maintained the criteria for the Standards of Evidence indicated above used to qualify for CNRP Level II in 2010. I wish to continue with level II and I do not plan to advance to level III at this time. I understand that in order to advance to level III, a full application must be I have not maintained the criteria used to qualify for the Standards of Evidence indicated above. I wish to maintain level II, therefore, I have included Standards of Evidence indicated above. I wish to maintaine usel II, therefore, I have included Standards of Evidence indicated above. I have not maintained. Please list the attached CNRP forms that support your substitute criteria and the Standards chosen: Standard: Standard: Standard: Form: Standard: Standard: Form: Standard: Standard: Form: Standard: Form: Standard: Form: Standard: Form: Form: Standard: Form: Form: Form: Form: Form: Form: Transformational Leadership Form* to document your exemplar for your reapplication. List which additional SE or EP Standard: Form Used: I attest that all information contained within this reapplication form is accurate and complete to the best of my | | | | | | | | | | |
| | : | Form Used: | | | | | | | | |
| I attest that all information contained within this reapplication form is accurate and complete to the best of my knowledge. | | | | | | | | | | |
| Signature of Applicant: | | Date | e: | | | | | | | |

Level II Re-application Form: New Knowledge Exemplar

Clinical Nurse Recognition Program

| Name | Employee # | | Date | | | | | | | |
|--|---|--------------|--|--|--|--|--|--|--|--|
| These New Knowledge Standards focus on the stuctures and processes in place to: 1) Evaluate existing nursing practice based on evidence, 2) Translating that new knowledge, and 3) How the evaluation and translation of this new knowledge has affected patient outcomes. Innovations are something new- for instance-how nurses are involved in evaluation and allocation of technology | | | | | | | | | | |
| and informat | and information systems to support practice; architecture or space design; or an improvement in practice that occurred as a result of nurse involvement. | | | | | | | | | |
| Date of Actual Occurrence (may estimate - <u>must be since 01/10</u>) Place a checkmark next to the New Knowledge Standard you have chosen for your exemplar write-up. | | | | | | | | | | |
| | | | | | | | | | | |
| INK 1 | Nurses at all levels evaluate and use published research findings in their practice. | INK 6 | Nurses evaluate existing nursing practice, based on evidence. | | | | | | | |
| NK 3 | Nurses support the human rights of participants in research protocols. | NK 7 | Nurses translate new knowledge into nursing practice. | | | | | | | |
| NK 4 | Contribute to the development, expansion, and/or advancement of nursing research. | NK 8 | Innovations in nursing practice. Cite an example of Innovation or Imagination or Inspiration. | | | | | | | |
| NK 5 | Contributes to the dissemination of knowledge generated through nursing research to internal and/or external audiences. Provide example of improved nursing/patient outcomes as a result. | NK 9 | Nurses are involved with the evaluation and allocation of technology and information systems to support practice; or nurses' participation in architecture and space design to support practice. Cite improvement in patient care as a | | | | | | | |
| Use initials of | nly when referring to patient, family, colleague | es or physic | , | | | | | | | |
| Narrative: Include complete narrative here or as an attachment | | | | | | | | | | |
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| I attest that all information contained within this exemplar is accurate and complete to the best of my knowledge. | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | | |



Rev 11-15-2010

Level II Re-application Form: Transformational Leadership

Clinical Nurse Recognition Program

| Name | Employee # | Date | | | | | | |
|--|------------|-------|--|--|--|--|--|--|
| This Transformational Leadership Standard focuses on how staff nurses can directly impact their work environment. | | | | | | | | |
| Use initials only when referring to patient, family, colleagues or physicians. | | | | | | | | |
| Date of Actual Occurrence (may estimate - must be since 01/10) | | | | | | | | |
| Cite an example of input you provided to your manager to improve the work environment and patient care. Include changes in the work environment and patient care that occurred based on this input and why you chose it to illustrate this standard. Include specific information related to your communication process, intradisciplinary involvement and challenges. This standard must illustrate changes that directly impact patient care, not simply attitude or unit culture change. Manager must acknowledge agreement with this exemplar by signing below. | | | | | | | | |
| Narrative: Include complete narrative here or as an attachment | | | | | | | | |
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| I attest that all information contained within this exemplar is accurate and complete to the best of my knowledge. | | | | | | | | |
| Signature of Applicant: | | | | | | | | |
| I have reviewed and approve of the TL-10 Exemplar as summarized above. | | | | | | | | |
| Manager Signature | | Date: | | | | | | |