

**PEN PROGRAM**  
**Professional Excellence in Nursing**  
**The University of Toledo Medical Center**

**APPLICATION FORM FOR PEN III or IV**

Name: \_\_\_\_\_ Rocket #: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Applying for:       PEN III       PEN IV

**Eligibility Requirements:**

1. Minimum of 2 years of clinical (RN) experience.      Hire Date: \_\_\_\_\_
2. Annual Performance Appraisal overall score of 3.0 or higher with no 1's or 2's.
3. A registered nurse working in an hourly position. Salaried staff are not eligible for this program.
4. Completed Letter of Intent and scan to Maura.Luettke@utoledo.edu  
attn: PEN, or hand delivered to Nursing Administration, MLA 245

**Performance Activities:**

1. Indicate which of the following performance activities you have chosen. Each activity must be separate and distinct.
- \*\* Submit documentation of evidence of achievement within in the last 12 months by answering all criteria questions for each of the performance activities.

	Primary clinical education (self/others)
	Standard of Care (SOC)/policy development
	Development of patient education materials
	In-service presentation
	Special projects
	Committee participation
	Attend national/state/regional conference
	Performance/quality improvement activities
	Community outreach activity, health-care related
	Positive customer experience
	Years of active RN experience
	Years of active RN experience at UTMC
	Continuing education beyond the required 24/2 year license renewal

2. In essay format, discuss what you believe "Excellence in Nursing" to be **and** how you demonstrate "Excellence in Nursing" in your clinical practice.
3. Provide a **signed** copy of your most recent Performance Appraisal. Annual Performance Appraisal overall score of 3.0 or higher with no 1's or 2's.
4. Provide a copy of your current resume.

5. Select 2 registered nurses to complete the Peer Evaluation form. Provide peers with evaluation form and an envelope they can return to you after sealing and signing on the seal. Return peer evaluations with your packet.

**Initials of applicant are required for all of the following:**

- \_\_\_\_\_ I authorize evaluators to release information to the PEN Review Board.  
\_\_\_\_\_ I have reviewed all sections of the PEN Clinical Ladder Reference Manual.  
\_\_\_\_\_ I submit this application and the attached forms with the understanding that the PEN Review Board will evaluate my eligibility for the PEN III or IV level and determine if I have met all of the requirements for that position.  
\_\_\_\_\_ I understand that all materials must be submitted by the deadline outlined in the program details.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PEN Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notes:



