PEN PROGRAM

<u>P</u>rofessional <u>E</u>xcellence in <u>N</u>ursing The University of Toledo Medical Center

RENEWAL APPLICATION FORM FOR PEN III or IV

Rocket #1

Name:

manager/director.

Date of Hire:		
	Jnit:	
Reapplying for	r: □PEN III	□PEN IV
Eligibility Req	uirements:	
1. The last 2 F or 2's.	Performance Appraisals wi	ith overall score of 3.0 or higher with no 1's
2. A registere for this pro	-	rly position. Salaried staff are not eligible
3. Completed	Letter of Intent and scan	to Maura.Luettke@utoledo.edu
attn: PEN, o	or hand delivered to Nursi	ng Administration, MLA 245
Performance A	Activities:	
1. Indicate wh	nich of the following perfo	rmance activities you have choosen. Each
activity mu	ust be separate and distinc	t.
** Submit doc	cumentation of evidence o	of achievement within in the last 24
months		
Pri	imary clinical education (se	elf/others)
Nu	ırsing Guidelines/Policy de	evelopment
De	evelopment of patient edu	cation materials
In-	service presentation	
Sp	ecial projects	
Co	mmittee participation	
At	tend national/state/regior	nal conference
Pe	rformance/quality improv	rement activities
Co	mmunity outreach activity	y, healt-care related
Po	sitive customer experienc	e
Ye	ars of active RN experienc	ce
	ars of active RN experienc	
		d the required 24/2 year license renewal
2. Provide co	pies of your last 2 Perforn	nance Appraisals <u>signed</u> by your

3. 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.

<u>Initials of</u>	applicant are required for all of the	<u>following:</u>			
	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 continuation in the PEN program 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.				
	Signature:	Date:			
		_			
	PEN Mentor Signature:	Date:			