

Beaumont®

DATE: ____ (mo/day/year) 7/16/15

TO: Eric Quenneville, ANM

FROM: Holly Kowal, RN

RE: Letter of Intent to Pursue Professional Ladder - Level III

To Whom It May Concern:

I, Holly Kowal, a staff nurse at a NN7 Level and functioning as a staff nurse, plan to pursue the professional ladder in the following 12 months. I understand that this letter of intent is only good for the following 12 months and if I am not able to complete an application at the end of the 12 month period that I will have to write a new letter of intent and begin activities after the date on the new letter of intent.

If my application is not submitted for review within 2 months of end of letter of intent year, a new letter of intent is required and the application process begins again. If I have been on Medical leave during the Letter of Intent Year, the application time frame may be extended by the amount of the Medical leave. Work done toward for application during the leave DOES NOT count. If no extension is requested, work done during the leave may count.

I also understand that I will not be eligible for review if I have any corrective action or any "does not meet" on my evaluation during the time I am pursuing Professional Ladder advancement. I understand that it is my responsibility to maintain records for submission as indicated in the guide for application. I also verify that I have the required clinical experience as required in the Policy for PL III and 5 years for PL IV.

I have read and understand the Professional Ladder Policy and Application guidelines.

Sincerely,

Holly Kowal RN

Manager to complete prior to accepting letter of intent:

- ☒ No corrective action in the preceding 12 months
☒ Satisfactory performance
☒ NN5 or NN7 level & functioning as staff nurse

Manager signature E. Quenneville Date 07/16/2015

CNS/Ed Specialist or Ladder Committee member Signature D. Busen Date 7/16/2015

A LETTER OF INTENT MAY BE SUBMITTED FOR A SUBSEQUENT YEAR ONCE YOU HAVE RECEIVED THE APPROVAL OF YOUR SUBMITTED APPLICATION. YOU MUST HAVE 2 YEARS (24 MONTHS) AT PROFESSIONAL LEVEL III PRIOR TO SUBMITTING A LETTER OF INTENT FOR PROFESSIONAL LETTER IV.

Revised 9/12/13



Beaumont Health System Professional Nurse Ladder Application



Name: Holly Kowal Employee # 116421 Years experience in Nursing: 7 years
 Length of Service Beaumont: 10 years ☐ RO ☐ Troy ☒ GP Unit/Shift: CCSU 1900-0730
 Number of Years Experience in Current Clinical Area: 7 years

*** SUBMIT copy of DATED LETTER of INTENT with this application**

The information in this application is accurate and true to my knowledge. I have been in a permanent, benefited position for more than one year.

Signature of Applicant:

Purpose:

☒ Initial Professional Level III

☐ Maintain Level III (must submit copy of previous approval letter)

☐ Date of last approval

☐ Initial Professional Level IV (must submit copy of previous approval letter)

☐ Maintain Level IV (must submit copy of previous approval letter)

☐ Date of last Approval for PL IV

Required Criteria: (Must be initialed by manager)

Annual Evaluation Satisfactory _____

No Disciplinary Actions – Past Year _____

Completed Annual Skills Validation _____

Online Mandatories _____

I have reviewed this application content compared to the guidelines and ensure accuracy and completeness. AM/ANM/CNS Signature:

**Completed packet should be submitted to PLC representative 14 days prior to evaluation date.*

Completed by Professional Nurse Ladder Council

Date Received completed packet _____ PLC member initials

_____ Level III \$2000

_____ Level IV \$3000

☐ Approved

☐ Denied

Signature:

_____ Nurse Executive Date

Notified of Approval/Denial by AM

Date/Signature

Professional Nurse Ladder Application

Name: Holly Kowal Employee # 116421

Unit: CCSU

ALL COMPLETED FORMS AND DOCUMENTATION MUST BE SUBMITTED AS ONE ENTIRE PACKET TO THE APPLICANT'S MANAGER OR DESIGNEE. YOU MUST SUBMIT ONE HARD COPY AND SCAN AND EMAIL A COPY TO THE PROFESSIONAL LADDER REPRESENTATIVE AT YOUR HOSPITAL.

REFER to APPLICATION GUIDE for REQUIREMENTS for each category

ATTACH ALL SUPPORTING DOCUMENTATION following each Category of this application

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REQUIRED

- ☒ **1. Attendance at a Hospital Professional Nurse Council or Nursing Shared Governance Council meeting and complete Form K**
- ☒ **2. Attendance with a leader (Manager, CNS, Director, etc) at a Leadership meeting (e.g. Center of Excellence, Leader meeting, Interdisciplinary meeting, etc) and complete Form K**
- ☒ **3. Write a Clinical Narrative (focus is self reflection) or Patient Care Conference (focus is the patient care) and complete Form C or E**
- ☒ **4. Attend a leadership development course (doesn't have to be approved CE program) e.g. Beaumont University class, the Preceptor Class, the EBP workshop and complete Form K**
- ☒ **5. Complete 10 hrs of approved nursing CE program (5 hrs clinical and 5 hrs non-clinical professional development) and complete Form J**

C. LEADERSHIP**Minimum Point Requirements:****Level III** 20 (earned from 2 or more activities)**Level IV** 30 (earned from 3 or more different activities)**1. Professional/Specialty Organization:**

- a. Membership in Nursing Professional/Specialty organization

Specify Organization: American Association of Critical Care NursesAmerican Association of Neuroscience Nurses10 Points earned 5 points per organization Max 10

- b. Active participation in committee/project/meeting in nationally recognized professional/specialty organization.

20 Points earned 1 point/ 1 hour Max 20 points**2. Writing/Publishing:**

- a. Professional publications/Inside Beaumont, PINE, professional newsletters, etc.

15 Points earned 5 points each Max 15 points

- b. External-Articles in peer reviewed journals, textbook chapters.

30 Points earned 15 Points each Max 30 points**3. Volunteer Service:**

- a. Volunteer Health Related Activities - Not paid by Beaumont

10 Points earned 1 point/1 hour Max 10 points

- b. Volunteer community activities
- sponsored by Beaumont**

5 Points earned 1 point/1 hours Max 5 points**4. Hospital Committee Participation:**

- a. Hospital Committee(s) - specify:

1. Stroke Unit Champion Committee20 Points earned 1 point/1 hour Max 20 points**5. Leadership Special Project**