

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

RENEWAL APPLICATION FORM FOR PEN III or IV

Name: _____ Rocket #: _____

Date of Hire: _____

Department/Unit: _____

Reapplying for: PEN III PEN IV

Eligibility Requirements:

1. The last 2 Performance Appraisals with overall score of 3.0 or higher with no 1's or 2's.
2. A registered nurse working in an hourly position. Salaried staff are not eligible for this program.
3. Completed Letter of Intent sent to fax # 419-383-3182
attn: PEN, or hand deliver 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 24 months

<input type="checkbox"/>	Primary clinical education (self/others)
<input type="checkbox"/>	Nursing Guidelines/Policy development
<input type="checkbox"/>	Development of patient education materials
<input type="checkbox"/>	In-service presentation
<input type="checkbox"/>	Special projects
<input type="checkbox"/>	Committee participation
<input type="checkbox"/>	Attend national/state/regional conference
<input type="checkbox"/>	Community outreach activity, health-care related
<input type="checkbox"/>	Positive customer experience
<input type="checkbox"/>	Years of active RN experience
<input type="checkbox"/>	Years of active RN experience at UTMC
<input type="checkbox"/>	Continuing education beyond the required 24/2 year license renewal

2. Provide copies of your last 2 Performance Appraisals **signed** by your manager/director.
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.

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 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:** _____