

PEN PROGRAM
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 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 24 months by answering all criteria questions for each of the performance activities.**

	Primary clinical education (self/others)
	Nursing Guidelines/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. 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.

4. All material must be completed and present in the packet at deadline of submission, any material not signed or present will result in a denied 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:** _____