

**Kaleida Health**  
**Department of Nursing**  
**Clinical Progression Model**  
**RN Application Form**

Applicant Name \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_ Department \_\_\_\_\_ Cost Center \_\_\_\_\_

Shift \_\_\_\_\_ Status \_\_\_ FT \_\_\_ PT \_\_\_ Flex Manager \_\_\_\_\_

Current level on Clinical Progression Model \_\_\_\_\_

Application for Level III \_\_\_ Level IV \_\_\_ Level V \_\_\_

**RN Clinical Experience**

Dates From-To	Area of Practice	Facility/Employer

**Completed Application Must Include the Following;**

- \_\_\_ Typed Cover Letter explaining your reasons for interest in applying for the clinical progression model.  
Signed and dated
- \_\_\_ Professional resume or Curriculum Vitae
- \_\_\_ Manager Recommendation Form
- \_\_\_ Completed level evidence with all related documentation required to meet criteria

RN Signature \_\_\_\_\_ Date \_\_\_\_\_

**Kaleida Health**  
**Department of Nursing**  
**Clinical Progression Model**  
**Manager Recommendation Form**

Applicant Name \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

Manager \_\_\_\_\_ Department \_\_\_\_\_ Cost Center \_\_\_\_\_

Current FTE status and hours worked on unit \_\_\_\_\_

Department Manager to Initial below criteria:

Annual Health Assessment completed YES \_\_\_\_\_ NO \_\_\_\_\_

Annual Performance Review is Fully Satisfactory or Exemplary YES \_\_\_\_\_ NO \_\_\_\_\_

Any active disciplines in employee's file over the past year YES \_\_\_\_\_ NO \_\_\_\_\_

Satisfactory timeliness and attendance record YES \_\_\_\_\_ NO \_\_\_\_\_

Compliant with all mandatory competencies, education, and reviews YES \_\_\_\_\_ NO \_\_\_\_\_

*The nurse must include a letter of recommendation from a nurse leader. This can include a supervisor, manager, or director who can speak to the applicant's clinical practice. The letter must include statements that the employee exhibits clinical competence and is focused on the values of patient centered care, along with being in good standing.*

**VALUES:**

**C-** Remain centered around the patient and family

**A-** Be accountable to patients and each other

**R-** Show respect and integrity

**E-** Provide excellence in all we do

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_