



Clinical Advancement Program Verification Record

Unit: _____

Date: _____

Name: _____

Mobile Phone Number: _____

Anniversary Month: _____

Current Step: _____

Proposed Step: _____

RN Supervisor: _____

Is this upgrade in status occurring prior to anniversary date? Yes No

Category/Criteria

CAP Level	#	Met	Element
Professional Accountability	1		RN License Current
"	1		New Employee: CBO Started/Incumbent Complete, documented in LC
"	1		On-line competencies completed
"	1		New Employee: BLS/Incumbent BLS/ALS
"	1		Demonstrates accountability for identifying own learning needs and seeking knowledge where needed.
"	1		Demonstrates accountability for receiving Unit/Department communication of Policies, Procedures and/or Guidelines.
Practice Competence	2		CAP Introduction to Professional Practice Journal:
Journal Required	2		Evidence-Based Practice Activity
Journal Required	2		Just Culture Activity
Journal Required	2		Shared Governance Activity
Journal Required	2		Professional Practice Model Activity
Educational Growth (Any 1)	3		Certification or BSN or In-school
Practice Excellence (Both 2)	4		Certification (Unexpired Certification Copy in Desk file)
"	4		BSN (Degree in Desk file)
"	4		In-school for BSN (Tuition Reimbursement current in Desk file)
Research Utilization/Generation	5		Certification (Unexpired Certification Copy in Desk file)
" (All 3)	5		MSN (Degree in Desk file)
"	5		In-school MSN (Tuition Reimbursement current in Desk file)
"	5		Evidence-Based Practice Project

CAP for school: Three year Window: starts: _____ ends _____. This is year 1 – 2 – 3 (circle one).

NOTE:

Other than CAP I, must attach photocopy of Journal, First-time Certification or Degree, Current Tuition Request, Outline of project in Desk files.

Employee's last evaluation was satisfactory or above. _____

Signature of Unit Director