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| **Badge Number** | | **Submission Date** | |
| **Current Position** | **Department** | | **Nurse Manager** |
| **Employee Verification: Employed with UCD Health for 12 months (if coming from a previous work experience with similar position, must be in current unit with UCD Health a minimum of 6 months)**  Current UCDH Employment Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Unit Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Career Status: Career employee with minimum 0.5 FTE (50% employment)**  Meets or Exceeds during most recent evaluation  Career Employee with at least 50% position | | | |
| **Degree Information: Graduation from an accredited nursing program; Possession of a valid California Registered Nurse license; Diploma or Associate degree in nursing with 2 years of clinical experience, Master’s degree in nursing with 6 months of clinical experience, or an equivalent combination of education and relevant experience**  Date Diploma or ADN completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date BSN completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date MSN completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Acknowledgement:**  I have received, understood, and agree to the CN II/ III job description | | | |
| **Manager Approval of Candidate Eligibility**  **Nurse Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

Revised 2021