

EXHIBIT J:

**SPECIAL VERIFICATION**

\_\_\_\_\_  
(Applicant Name)

**Charge Nurse** – Manager’s signature below validates that this Nurse meets criteria and is active in the charge nurse role consistently.

**Active Preceptor:** Name / Date \_\_\_\_\_

**Associate Preceptor:** Name / Date \_\_\_\_\_

**Co-Preceptor:** Name / Date \_\_\_\_\_

❖ For Preceptors above:

- Must include all copies of paperwork completed for each orientee(s) per policy requirements.
- Must include copies of the unit schedule to show % of time precepting each orientee.

**CTA/CTP/Adjunct Nursing Faculty:** Name / Date \_\_\_\_\_

**EBP Project:** Activity / Date \_\_\_\_\_

**Research Project:** Activity / Date \_\_\_\_\_

**Quality Data Collection (Core):** Activity / Date \_\_\_\_\_

**Active Mentor:** Activity / Date \_\_\_\_\_

\_\_\_\_\_  
Manager’s Signature / Team Leader

\_\_\_\_\_  
Date