

EXHIBIT E: Ambassador Committee Member Application

COMMITTEE MEMBER APPLICATION

Full Name: _____ ID #: _____
Last First M.I.

Credentials: _____
Highest earned degree, Licensure, State designations or requirements, National certifications, etc.

Department: _____
Department/Unit Name Dept. # Campus Location

Job Title: _____

Phone: _____ Email _____

RN Hire Date: _____ Date of Application: _____

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT MANAGER

- Demonstrates leadership capabilities
- At least **3** years of experience at Deaconess as an RN
- RN annual performance evaluation meets job standard with no unsatisfactory ratings
- No warnings within the previous 12 months
- Advanced Practice Nurse, Educator, Nurse Manager or Nurse Clinician must have ≥ 1000 worked hours within the previous 12 months
- Direct patient care RN must have ≥ 1000 patient care worked hours within the previous 12 months on areas participating in the PDP
- Portfolio submission at the Bronze Level or above, by the end of the first year, is preferred for direct patient care RNs.

Department Manager Signature: _____ Date: _____

Denied by Manager

Comments (required for denial):

PDP Chairperson Signature: _____

- Approved by PDP Chair and Committee Members
- Denied by PDP Chair and Committee Members