



RN Career Ladder Application

Please print or type:

Name: _____ Point accumulation period: _____

HR/Payroll Number: _____ Home Address: _____
(8 digit number located in upper center portion of pay stub)

RN License Number: _____

Phone: (w) _____ (h) _____ other _____

Facility: _____ Department: _____

Career Ladder Level applying for: (please check your selection)

___ **Level II** ___ **Attainment** or ___ **Maintenance** **Total # of points from Tool** _____

___ **Level III** ___ **Attainment** or ___ **Maintenance** **Total # of points from Tool** _____

Annual Goal:

Writing a Goal:

Type or neatly print information about your goal and include this information with your Career Ladder application. Describe the goal that you will be responsible for in the coming year. Work in partnership with your nursing manager to develop this goal. Your goal must have a direct affect on patient care and/or enhance the professional practice of nursing. Please answer the following questions.

1. What is your goal statement?
2. How will this goal be measured?
3. What is the time frame for completion of this goal?
4. Is this goal realistic?