**PEN PROGRAM**  
**Professional Excellence in Nursing**  
Clinical Ladder Reference Manual *UPDATED 6/2/2017*

Clinical Nurse III= **20 points** (Initial)  
Clinical Nurse IV= **35 points** (Initial)  
Renewal Clinical Nurse III= **22 points** in 24 months  
Clinical Nurse IV= **37 points** in 24 months

Requirements of PEN application: A letter of intent with your nursing director/managers approval. Projects and other criteria will require signed letters from those overseeing them. A minimum of 2 years of clinical nursing experience. Performance appraisal with an overall score of 3.0 or higher with no 1's or 2's.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Criteria Defined</th>
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<tr>
<td>Primary clinical education (self/others) <strong>Please use the highest degree obtained</strong></td>
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| Masters of Science in Nursing *(5 points)* | Must have a MSN from an accredited College of Nursing. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your MSN degree. If unable to access a copy of your degree, an official copy of transcripts will be accepted.  
2. Describe how your MSN has had an impact on your nursing practice. |
| Masters degree in health related field *(4 points)* | Must have a Masters degree; Examples: MPH, MHA, MSP; others to be approved by PEN Review Board. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your Masters degree. If unable to access a copy of your degree, an official copy of transcripts will be accepted.  
2. Describe how your Master's degree has had an impact on your nursing practice. |
| Bachelors of Science in Nursing *(4 points)* | Must have a BSN from an accredited College of Nursing. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your BSN degree. If unable to access a copy of your degree, an official copy of transcripts will be accepted.  
2. Describe how your BSN has had an impact on your nursing practice. |
| Bachelors degree in health related field *(3 points)* | Must have a Bachelors degree. To be reviewed by PEN Review Board. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your Bachelor's degree. If unable to access a copy of your degree, an official copy of transcripts will be accepted.  
2. Describe how your Bachelor's degree has had an impact on your nursing practice. |
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<tr>
<th>Requirement</th>
<th>Description</th>
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| Bachelors degree *(1 point)*                    | Must have a Bachelors degree. To be reviewed by PEN Review Board. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your Bachelor’s degree. If unable to access a copy of your degree, an official copy of transcripts will be accepted.  
2. Describe how your Bachelor’s degree has had an impact on your nursing practice. |
| Graduate Certificate: Elder Law, Patient Advocacy *(2 points)* | Course must be offered by The University of Toledo. May only use once, with either initial application or with one renewal. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of your Graduate Certificate. If unable to access a copy of your certificate, an official copy of transcripts will be accepted.  
2. Describe how your graduate certificate has had an impact on your nursing practice. |
| Specialty certification *(3 points)*           | Must have successfully passed an examination as determined by a nationally recognized specialty organization. Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of the certification with expiration date.  
2. Indicate how specialty certification has made an impact on your nursing practice. |
| Instructor (BLS/ACLS/PALS/TNCC) *(3 points)*    | Must have successfully completed an instructor course (BLS, ACLS, PALS, TNCC); Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of current BLS, ACLS, PALS instructor card.  
2. List your instructor activities.  
3. Describe how being an instructor has made an impact on your nursing practice and overall hospital mission. |
| Super User trainer *(2 points/can use this topic twice for maximum of 4 points)* | Must have attended initial super user training session(s) or be designated by manager as a superuser and completed at least one hour of educational instruction to staff. Director/manager signature required. Provide documentation describing how you have met the criteria to the following:  
1. Attach a description of the training you were provided to become a super user.  
2. Describe your role as a super user.  
3. Provide verification of participation in the education of staff (ie. attendance sheets) with time frames included. (A letter from the director describing the superusers contributions/times if sign in sheets are unavailable) |
| Formal preceptor | A formal preceptor is a staff nurse who is responsible for the overall unit orientation for a new employee or a practicum experience for a student. The person fulfilling this role fosters growth, learning, professional development and socialization in the learner. This is accomplished by assessing the learner’s needs, setting mutual goals with the learner, implementing an action plan for the goals and completing a formal evaluation tool. To be eligible to use this criteria you must be the primary preceptor and worked with the employee/student for a minimum of 70 hours. Provide documentation describing how you have met the criteria to the following:
1. Name of person(s) preceptor and approximate number of hours.
2. Indicate whether a new hire or student.
3. Discuss your initial meeting with the learner.
4. Based on the initial meeting, what needs were identified and what goals were set?
5. Describe how you assisted the learner in becoming an integral part of the unit staff during orientation.
6. How did you determine if the learner was/was not making progress throughout the orientation period? Please list 2 examples.
7. How has your role in this activity made a difference on your unit? Please list 2 examples. |

| Clinical Ladder (PEN) mentor | Must be a current member of the PEN Review Board. Provide documentation describing how you have met the criteria to the following:
1. How long have you been an active member in the PEN program?
2. Describe your role in mentoring a future PEN applicant.
3. Describe the initial meeting to discuss intentions. |
**Nursing Guidelines/Policy development**

| Develop Nursing Guideline or Policy  
(2 points/SOC or policy for maximum of 4 points) |
|-----------------------------------------------|
| An individual involved in the establishment of a new Nursing Guideline or Nursing Service Policy acts on an identified need, researching the topic, utilizing appropriate evidence based resources and developing the content using established format. The SOC/policy is submitted for approval by the Nursing Service Standards and Policy Committee and a plan for communication to the appropriate staff has been established. This does not apply to revising the SOC/policy.  
1. Attach a copy of the SOC/policy established.  
2. How was the need identified for this SOC/policy?  
3. Resources utilized (list references, resource materials, people, etc.).  
4. Describe how you communicated the information about the new SOC/policy to the appropriate staff.  
5. Attach materials used to communicate with appropriate staff.  
6. Describe the anticipated benefits of the SOC/policy to your unit/department. |

| Nursing Guidelines or Policy revisions  
(1 point for every 5 guidelines/policies for maximum of 2 points) |
|-----------------------------------------------|
| An individual involved in the revisions of a current Nursing Guideline or Nursing Service Policy will research the topic and utilize appropriate evidence based resources utilizing the appropriate format for a minimum of 5 guidelines/policies. The SOC/policy is submitted for approval by the Nursing Service Standards and Policy Committee and a plan for communication to the appropriate staff has been established.  
1. Attach a copy of the revised SOC/policy as well as the old version.  
2. Resources utilized (list references, resource materials, people, etc.).  
3. Describe how you communicated the information about the new SOC/policy to the appropriate staff.  
4. Attach materials used to communicate with appropriate staff. |

**Development of patient education materials**

| Develops and implements patient education  
(2 points each for a maximum of 4 points) |
|-----------------------------------------------|
| An individual involved in the development of patient education materials acts on an identified need, researches the topic, utilizes appropriate resources and develops the content. The individual collaborates with the unit director/manager in the development of the material as appropriate. The patient education material needs to be approved by the unit director or designee and communicated to the appropriate staff. The patient education material must be implemented or in the process of being implemented. Provide documentation describing how you have met the criteria to the following:  
1. Describe your individual involvement in the development of the patient education material.  
2. Title(s) of patient education material.  
3. How was the need identified for the patient education material?  
4. What other disciplines, if any, did you involve in the development of this form?  
5. Resources utilized (list references used, resource materials, people, etc).  
6. Describe how you communicated the information about the patient education material to the appropriate staff.  
7. Describe the benefits of the patient education material to your unit/department. |
### In-service presentation

#### Coordinates, organizes and presents in-service for Continuing Education  *(5 points)*

An in-service presenter acts on an identified need for an educational offering, researches the topic, utilizes appropriate resources, develops objectives and program content and evaluates the presentation. The program must be approved for continuing education (see a member of the Staff Development Department for assistance in the CE process). To be eligible to use an activity for this criteria, do not submit an in-service that was a part of other criteria that you have also submitted for PEN. Provide documentation describing how you have met the criteria to the following:

1. In-service title.
2. Number of contact hours approved.
3. How did you determine the date, location, and time frames for the in-service? How did you communicate information to promote attendance?
4. How was the need identified for this educational offering?
5. Resources utilized (list references used, resource material, people, etc.).
6. Attach a copy of the approved contact hour certificate, along with a copy of the handouts and attendance sheet.
7. Describe the benefits of the in-service to your unit/department.

#### Coordinates, organizes and presents in-service *(4 points)*

An in-service presenter acts on an identified need for an educational offering, researches the topic, utilizes appropriate resources, develops objectives and program content and evaluates the presentation. The presenter coordinates in-service times, rooms, equipment and presents the educational program. To be eligible to use an activity for this criteria, do not submit an in-service that was a part of other criteria that you have also submitted for PEN. Provide documentation describing how you have met the criteria to the following:

1. In-service title.
2. Date and location
3. How did you determine the date, location, and time frames for the in-service? How did you communicate information to promote attendance?
4. How was the need identified for this educational offering?
5. Resources utilized (list references used, resource materials, people, etc.).
6. Attach copies of program objectives, content outline, handouts and attendance sheet(s).
7. Describe the benefits of the in-service to your unit/department.

#### Present unit education information/competency (ie: skills lab) *(1 point/session for a maximum of 5 points)*

The coordination of unit education based on an identified need for an educational offering. The presenter will develop, review and/or revise unit specific education topics as well as facilitate the growth and development of staff nurses utilizing the appropriate resources. Provide documentation describing how you have met the criteria to the following:

1. Describe how you developed, reviewed and/or revised the unit specific education.
2. How did you facilitate the growth and development of the staff nurses within the unit?
3. Describe how you coordinated and conducted the education.
4. How has your role in this activity made a difference in your department. Please list 2 examples.
5. If participating in simulation, answer all of the questions in the context in which you participated.
**Develops poster for unit/department education**  
*(2 points/poster board for a maximum of 4 points)*

Poster board presentations are another avenue for providing education to staff. The organizer will develop, review and/or revise unit specific education as well as facilitate the growth and development of staff nurses utilizing the appropriate resources. Provide documentation describing how you have met the criteria to the following:

1. Describe how you developed, reviewed/revised the unit education.
2. How did you facilitate the growth and development of the staff nurses within the unit?
3. Describe how you coordinated and conducted the education.
4. How has your role in this activity made a difference in your department? Please list 2 examples.
5. Provide picture of poster board as well as attendance sheets for time frame education occurred.

### Special projects

| Special project *(3 points)* | A special project participant is involved in an activity that is aimed at improving unit/departmental or organizational functioning. The participant acts on an identified need for the project, goals and objectives are developed and the outcome of the project is evaluated. The special project must be designed and directed by nurse and preapproved by nursing director/manager; provide a signed letter from the responsible project requestor describing the need for the special project. Provide documentation describing how you have met the criteria to the following:
|  | 1. Give a summary of the special project with the date the project was started and completed.
|  | 2. How was the need for the project identified? (Include significant data supporting the need).
|  | 3. Describe the goals and objectives of the project.
|  | 4. Resources utilized (list references used, resource materials, people, etc.).
|  | 5. Outline your specific contributions to the project. (How did your participation affect the outcome?)
|  | 6. What are the anticipated benefits for the unit department or organization? |

| Special project with implementation *(5 points)* | A special project participant is involved in an activity that is aimed at improving unit/departmental or organizational functioning. The participant acts on an identified need for the project, goals and objectives are developed and the outcome of the project is evaluated. The special project must be designed and directed by nurse and preapproved by nursing director/manager; provide a signed letter from the responsible project requestor describing the need for the special project. Provide documentation describing how you have met the criteria to the following:
|  | 1. Give a summary of the special project with the date the project was started and completed.
|  | 2. How was the need for the project identified? (Include significant data supporting the need).
|  | 3. Describe the goals and objectives of the project.
|  | 4. Resources utilized (list references used, resource materials, people, etc.).
|  | 5. Outline your specific contributions to the project. (How did your participation affect the outcome?)
|  | 6. What are the anticipated benefits for the unit department or organization? Please provide documentation of implementation of special project (ie poster board, Power-Points, sign-in sheets for educational sessions, ECT.) |
| Published chapter or article: Sole author  *(5 points)* | An individual must have planned, researched, authored and published a chapter or an article for a recognized nursing publication. Provide documentation describing how you have met criteria to the following:  
1. Submit the name of the textbook or journal that the chapter or article was published in.  
2. Submit a copy of the published chapter or article.  
3. Describe how having your chapter or article published has impacted your nursing practice. |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Published chapter in book: Co-author  *(3 points)* | An individual must have researched and assisted in authoring a chapter in a recognized nursing publication. Provide documentation describing how you have met criteria to the following:  
1. Submit the name of the textbook and the Chapter title.  
2. Describe the process of how the topic was selected.  
3. Describe how assisting in writing a chapter for a published textbook has impacted your nursing practice. |
| Submitted article  *(2 points)* | An individual must have planned, researched, authored and submitted an article for a recognized nursing publication. Provide documentation describing how you have met criteria to the following:  
1. Submit the name of the journal that the article is to be published in.  
2. Submit a copy of the submitted article.  
3. Describe how writing an article submitted for publication has impacted your nursing practice. |
| Grant writing  *(5 points)* | An individual must have sole responsibility for writing and securing the grant. Provide documentation describing how you have met criteria to the following:  
1. Submit a copy of the grant agreement.  
2. Describe the process used to secure the grant.  
3. Describe how the process of writing and obtaining the grant has impacted your nursing practice. |
| Assist with grant writing  *(3 points)* | An individual must have assisted in writing and securing the grant. Provide documentation describing how you have met criteria to the following:  
1. Submit a copy of the grant agreement.  
2. Describe the process used to secure the grant.  
3. Describe how the process of securing and obtaining the grant has impacted your nursing practice. |
| Acquires skills over and above department expectation (TNCC, SANE, Biotherapy, ACLS, PALS, etc)  *(2 points each)* | Successful completion of an approved educational course above the requirements of the staff nurse job description and department requirements/expectations; Provide documentation describing how you have met the criteria to the following:  
1. Attach a copy of current course completion card/certificate.  
2. Describe how having completed the certification has made an impact on your nursing practice and overall hospital mission. |
<table>
<thead>
<tr>
<th>Committee participation</th>
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<tr>
<td>Officer or board member of a professional nursing organization (5 points)</td>
<td>A professional nursing organization is nationally recognized by the specialty and/or the American Nurses Association. The purpose is to address nursing issues related to the quality of patient care and the profession of nursing. A participant has demonstrated current membership. Provide documentation describing how you have met the criteria to the following: 1. Attach a copy of the organizational membership card or some form of verification you are an active board member. 2. Describe your role and duties as a board member of the professional nursing organization. 3. Describe how being a board member in a professional nursing organization has impacted your nursing career.</td>
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<tr>
<td>Member of a professional nursing organization (2 points)</td>
<td>A professional nursing organization is nationally recognized by the specialty and/or the American Nurses Association. The purpose is to address nursing issues related to the quality of patient care and the profession of nursing. A participant has demonstrated current membership. Provide documentation describing how you have met the criteria to the following: 1. Attach a copy of the organizational membership card or some form of verification you are an active member. 2. Describe how being a member of a professional nursing organization has impacted your nursing career. 3. Give an example of how the membership of the professional organization has improved the quality of care you provide</td>
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<td>Chair of committee (4 points)</td>
<td>A committee is defined as any ongoing UTMC designated group with the purpose of addressing medical, nursing or interdepartmental issues related to the quality of patient care. A participant has demonstrated active contributions to the committee and has attended at least 75% of the meetings. Provide documentation describing how you have met the criteria to the following: 1. Attach a letter from the committee co-chair (or another committee officer) describing your individual contributions to the committee. 2. Name of committee. 3. Frequency of meetings. 4. Describe your attendance pattern and how you covered for any absences. 5. List the goals of the committee. 6. How did you facilitate two-way communication between your unit and your committee? 7. Describe your specific contributions to the committee. 8. How did your membership to the committee benefit your unit/department?</td>
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<tr>
<td>Role</td>
<td>Points per Committee</td>
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| Co-chair of committee       | **3 points**          | A committee is defined as any ongoing UTMC designated group with the purpose of addressing medical, nursing or interdepartmental issues related to the quality of patient care. A participant has demonstrated active contributions to the committee and has attended at least 75% of the meetings. Provide documentation describing how you have met the criteria to the following:  
1. Attach a letter from the committee chairperson describing your individual contributions to the committee.  
2. Name of committee.  
3. Frequency of meetings.  
4. Describe your attendance pattern and how you covered for any absences.  
5. List the goals of the committee.  
6. How did you facilitate two-way communication between your unit and your committee?  
7. Describe your specific contributions to the committee.  
8. How did your membership to the committee benefit your unit/department? |
| UTMC committee member       | **2 points/committee** | A committee is defined as any ongoing UTMC designated group with the purpose of addressing medical, nursing or interdepartmental issues related to the quality of patient care. A participant has demonstrated active contributions to the committee and has attended at least 75% of the meetings. Provide documentation describing how you have met the criteria to the following:  
1. Attach a letter from the committee chairperson describing your individual contributions to the committee.  
2. Name of committee.  
3. Frequency of meetings.  
4. Describe your attendance pattern and how you covered for any absences.  
5. List the goals of the committee.  
6. How did you facilitate two-way communication between your unit and your committee?  
7. Describe your specific contributions to the committee.  
8. How did your membership to the committee benefit your unit/department? |
**Attend national/state/regional conference**

| Certificate of attendance *(3 points)* | To be eligible, you must attend a conference at the national/state/regional level. Provide documentation describing how you have met the criteria to the following:
| | 1. Name of the conference.
| | 2. Name of the organization that sponsored the conference.
| | 3. How did attending the conference impact your nursing career?
| | 4. Provide proof of attendance. |

| Presenting information to staff from conference (in-service/poster board) *(5 points)* | After attending a conference at the national/state/regional level the information received is presented to the staff at UTMC by way of an in-service, poster board or some other mechanism approved by management. To be eligible, you must attend a conference at the national/state/regional level and develop and present some form of education to the staff nurses. Provide documentation describing how you have met the criteria to the following:
| | 1. Name of conference.
| | 2. Name of the organization that sponsored the conference.
| | 3. Describe how you communicated the information to the appropriate staff.
| | 4. Attach materials used to communicate with appropriate staff.
| | 5. Describe the anticipated benefits of the information has/potentially has to your unit, department, or organization.
| | 6. Provide proof of attendance. |

**Performance/quality improvement activities**

| Formal performance improvement project *(5 points)* | Performance/quality improvement activities include the assessment of the quality of patient care provided, the identification of the problem and those actions toward resolving the problems. To be eligible, you must be actively involved with the project development, the ongoing data collection, the data analysis and then problem resolution for at least one quality improvement activity. Provide documentation describing how you have met the criteria to the following:
| | 1. How was the problem identified?
| | 2. Who participated in the quality improvement?
| | 3. What was the action plan to address the identified problem.
| | 4. Explain your degree of involvement in the activity and how you helped with the resolution.
| | 5. Describe how the PI/QI activity has made an improvement on your unit. |
Community outreach activity, health-care related

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<tr>
<th>Leadership/organization of each event: UT/UTMC promoted event (5 points)</th>
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| An individual is involved in the development and/or planning of a UTMC sponsored community outreach education/service program. This individual must participate in identifying a need in the community, developing and/or planning a program to meet this need and evaluating the effectiveness of the program. The program must promote the image of UTMC and its nurses. Provide documentation describing how you have met the criteria to the following:  
1. Name of organization(s) served.  
2. Length of time involved in the activity/leadership role.  
3. Describe your specific contribution as an RN to this community outreach education/service activity.  
4. How did your participation in this activity promote the image of UTMC in the community?  
5. Describe how, as a leader/organizer for the community outreach/service program, you feel this event has impacted your nursing career.  
6. Attach a form of verification from an appropriate person verifying your service (type of service/leadership provided, your time commitment to the activity, impact of your participation on their program). |

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<tr>
<th>Leadership/organization of each event: Non-UT/UTMC promoted event (4 points)</th>
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| An individual is involved in the development and/or planning of a community outreach education/service program. This individual must participate in identifying a need in the community, developing and/or planning a program to meet this need and evaluating the effectiveness of the program. Provide documentation describing how you have met the criteria to the following:  
1. Name of organization(s) served.  
2. Length of time involved in the activity/leadership role.  
3. Describe your specific contribution as an RN to this community outreach education/service activity.  
4. Describe how, as a leader/organizer for the community outreach/service program, you feel this event has impacted your nursing career.  
5. Attach a form of verification from an appropriate person verifying your service (type of service/leadership provided, your time commitment to the activity, impact of your participation on their program). |

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<tr>
<th>Participant at event: UT/UTMC promoted event (2 points/event)</th>
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</table>
| An individual is involved in the implementation of a UTMC sponsored community outreach education/service program. The program must promote the image of UTMC and its nurses. Provide documentation describing how you have met the criteria to the following:  
1. Name of organization(s) served.  
2. Length of time involved in the activity.  
3. Describe your specific contribution as an RN to this community outreach education/service activity.  
4. How did your specific contribution as an RN to this community outreach education/service activity.  
5. Describe how, as a participant for the community outreach/service program, you feel this event has impacted your nursing career.  
6. Attach a form of verification from an appropriate person verifying your service (type of service provided, your time commitment to the activity, impact of your participation on their program). |
| Participant at event: **Non-UT/UTMC promoted event (1 point)** | An individual is involved in the implementation of a community outreach education/service program. Provide documentation describing how you have met the criteria to the following:  
1. Name of organization(s) served.  
2. Length of time involved in the activity.  
3. Describe your specific contribution as an RN to this community outreach education/service activity.  
4. Describe how, as a participant for the community outreach/service program, you feel this event has impacted your nursing career.  
5. Attach a form of verification from an appropriate person verifying your service (type of service provided, your time commitment to the activity, impact of your participation on their program). |
| Medical mission **(5 points)** | An individual is involved in the development and/or planning of a medical mission. This individual must be an active participant in developing and/or planning of the medical mission. The medical mission should promote the image of UTMC and its nurses. Provide documentation describing how you have met the criteria to the following:  
1. Name of organization(s) served.  
2. Length of time involved in the medical mission.  
3. Describe your specific contribution to this medical mission.  
4. How did your participation in the medical mission promote the image of UTMC in the community?  
5. Describe how, as a participant in the medical mission, you feel this event has impacted your nursing career.  
6. Attach a signed letter from an appropriate person verifying your service (type of service provided, your time commitment to the activity, impact of your participation on their program). |

**Positive customer experience**

A positive customer experience that has documented recognition for the employee. For example, receiving a "Pat on the Back" recognition or awarded the "Shining Star". You may use one recognition per customer. Provide documentation describing how you have met the criteria to the following:  
1. How you were recognized and by whom you were recognized. Attach a copy of recognition.  
2. Describe how you felt when you were positively recognized.  
3. How has this positive recognition impacted your nursing practice?

**Years of active RN experience**

| 5-15 years as a RN **(1 point)** | You may use this criteria with initial application and all renewals. Provide copy of licensure verification from the Ohio Board of Nursing showing year of initial licensure. |
| >15 years as a RN **(3 points)** | You may use this criteria with initial application and all renewals. Provide copy of licensure verification from the Ohio Board of Nursing showing year of initial licensure. |
### Years of active RN experience at UTMC

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<tr>
<th>Years of Experience</th>
<th>Points</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>1-4 years as UTMC RN</td>
<td>1 point</td>
<td>You may use this criteria with initial application and all renewals. Provide proof of years at UTMC with Director/Manager signature.</td>
</tr>
<tr>
<td>5-9 years as UTMC RN</td>
<td>2 points</td>
<td>You may use this criteria with initial application and all renewals. Provide proof of years at UTMC with Director/Manager signature.</td>
</tr>
<tr>
<td>10-14 years as UTMC RN</td>
<td>3 points</td>
<td>You may use this criteria with initial application and all renewals. Provide proof of years at UTMC with Director/Manager signature.</td>
</tr>
<tr>
<td>15-19 years as UTMC RN</td>
<td>4 points</td>
<td>You may use this criteria with initial application and all renewals. Provide proof of years at UTMC with Director/Manager signature.</td>
</tr>
<tr>
<td>&gt;20 years as UTMC RN</td>
<td>5 points</td>
<td>You may use this criteria with initial application and all renewals. Provide proof of years at UTMC with Director/Manager signature.</td>
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</table>

### Total CE in the past two years. Must provide all CE's for credit.

<table>
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<tr>
<th>Total CE</th>
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<th>Instructions</th>
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<tbody>
<tr>
<td>25-27 CE's</td>
<td>1 point</td>
<td>You may use this criteria with initial application and all renewals. Submit copy of CE certificates.</td>
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<tr>
<td>28-30 CE's</td>
<td>2 points</td>
<td>You may use this criteria with initial application and all renewals. Submit copy of CE certificates.</td>
</tr>
<tr>
<td>31-33 CE's</td>
<td>3 points</td>
<td>You may use this criteria with initial application and all renewals. Submit copy of CE certificates.</td>
</tr>
<tr>
<td>34+ CE's</td>
<td>4 points</td>
<td>You may use this criteria with initial application and all renewals. Submit copy of CE certificates.</td>
</tr>
</tbody>
</table>

**NOTE** if you are currently enrolled and participating in college classes, 1 college credit hour is equal to 15 CEU's. You must submit a form of proof of completion of the class (transcripts). These are to be completed in the last 12 months (New) and within the renewal period (renew).