

**MHS Clinical Excellence Program
Applicant Checklist**

Eligibility

- A. Worked for MHS for one year/at least 1000 hours _____
- B. RN for at least 2 years _____
- C. Only full-time or part-time RNs eligible _____
- D. Not currently on corrective action plan _____
- E. Letter of support from manager/director _____
- F. Packet signed by manager/director _____
- G. Clinical Excellence Program Scoring Tool initialed by manager/director _____
- H. Liaison reviewed and signed application _____
- I. Points earned in at least 3 out of 4 pillars _____
- J. Packet turned in to Human Resources by Feb1, May 1,
August 1 or November 1 (should have reviewed by
Liaison at least 2 weeks prior to turning in packet) _____

I. Education Pillar

- A. Documentation of contact hours-list courses, number of hours
Provide certificates. _____
- B. Professional certification-include copy of card _____
- C. See Section A-1 for examples of advanced practice instruction. _____
- D. Documentation of professional organization _____

II. Service Pillar

- A. Community Service-Provide certificate from volunteer activity. _____
- B. Hospital Service-documentation of shift floated, extra shifts, etc _____
- C. Hospital teams or committees – Provide information _____
- D. RN Referral / hirer _____
- E. Recognition by family member or other department _____

III. Leadership Pillar

- A. Document Supertrainer –must be formal designation _____
- B. Document hours/dates precepting _____
- C. Document students/staff served as resource _____
- D. Document charge shifts (perm charge not eligible for these points) _____
- E. Provide copies of policies/care maps etc. _____
- F. Document period of schedule preparation _____
- G. Provide copies of presentation _____
- H. Provide documentation of committee _____

IV. Quality Improvement Pillar

- A. Document evaluation and improvement project _____
- B. Publication in professional journal (Include copy of article) _____
- C. Publication in internal publication (Include copy of article) _____
- D. Document safety issue and resolution _____
- E. Document audits-manager validates _____
- F. Document new product eval-include requirements as specified by plan _____
- G. Document cost cutting measure and date when implemented _____

*****Please make a copy of your packet before submitting it to HR*****