

### Introduction

Hallmark Health System (HHS) is committed to recognizing and rewarding Professional Registered Nurses (RN) who have achieved excellence in clinical practice through continuous development of his/her professional practice. The Professional Recognition Program (PRP) is one manner in which to recognize and reward staff. The framework used for this is the Benner Model of from Novice to Expert. In her landmark work *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Dr Patricia Benner, RN introduced the concept that nurses typically develop expert skills and understanding of patient care over time given a sound educational base with integration of constant learning from a multitude of experiences. According to Benner's work, Registered nurses progress through five stages of practice: **novice, advanced beginner, competent, proficient and expert**. In our PRP at HHS we designed 4 stages: Clinician (**this stage combines both the advanced beginner and competent stage**), Advanced Clinician (**proficient**), Expert clinician (**Expert**) and Master clinician (**Expert + Teacher**). All Registered Nurses at HHS enter practice at the Clinician level. Advancement occurs at the Advanced Clinician, Expert Clinician or Master Clinician Level. We at Hallmark Health believe that nurses should be recognized for their expertise in clinical practice.

This Professional Recognition Program Application Packet was developed by the *Professional Recognition Task Force consisting of Staff Nurses, Nursing Administrators and Nurse Educators* to assist you with the application process. The packet identifies the criteria and supporting documentation required to apply for a desired level in the ***Professional Recognition Program***. All registered nurses begin at the *Clinician* level. All other levels must be applied for and approved after meeting stated criteria to follow.

All requirements must be met and all supporting documentation included assuring timely action by the Professional Recognition Program Review Board. Completed applications are accepted on the following dates:

- April 01
- August 01
- December 01

If you begin the application process for the Professional Recognition Program and then do not complete it, you will not be eligible for review until the next submission/review date. For this reason, we strongly recommend that you ask your nursing leader to review your application packet for suggestions at least one (1) month prior to submission. Although there are deadlines for submission, you may submit your application at any time and it will be reviewed at the next review date. An incomplete application cannot be reviewed.

We are pleased that you have elected to pursue recognition for clinical excellence in the *Professional Recognition Program* and hope that your experience is educational, enjoyable, and rewarding.

Respectfully,  
*The Professional Recognition Program Task Force*

# Practice Development & Professional Recognition Program Initial and Renewal Application Guidelines

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## Clinical Narratives

### Clinical narratives *must* reflect stories that occurred:

Within the past two years

In your current area of practice or specialty

Older stories may not best represent your current practice. Although it may be tempting to include an older story that is particularly meaningful to you or one that had a big impact on your practice, it is not in your best interest for advancement or renewal to submit stories older than two years. Therefore, stories older than two years will not be considered for advancement or renewal.

Stories that are outside your current practice area or specialty do not reflect your current practice. Therefore, stories outside your current practice area or specialty will not be considered for advancement or renewal.

Use the Guide for Self-Reflection in the application packet to help you consider the kinds of recent stories you might want to submit for consideration for advancement or renewal.

## Written Clinical Narratives

### Written clinical narratives must be:

Typed

Double-spaced

Single sided (print only on one side of the page)

Lines numbered (may be handwritten)

Page number on each page (may be handwritten)

Name of clinical narrative on each page (may be handwritten)

Names of patients, families, staff, physicians or others omitted or disguised for confidentiality

Do not include your name on or in your clinical narratives.

Work with a coach to make sure that your clinical narratives are complete and understandable before you submit them for consideration for advancement or renewal.

## Portfolio

Submit your portfolio to the Associate Chief Nursing Officer for Professional Practice, Quality and Education in a folder or envelope.

Do not staple or fasten any pages of the portfolio (it will be copied for the PRP Review Board).

Assemble portfolio documents in the same order as presented in the Initial and Renewal Application checklist.

Do not submit an incomplete portfolio. Incomplete portfolios will be deferred until the next review cycle.

## Practice Development & Professional Recognition Program Initial and Renewal Application Checklist

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Please **PRINT** all information and submit this form with your application packet to Nursing Administration by the deadline. Sign and date the bottom of this form. The CNO or designee will confirm receipt of your application via email.

Name (print) \_\_\_\_\_ Unit/Dept. \_\_\_\_\_

Years at HHS: \_\_\_\_\_

Application for:       Initial Advancement       Renewal

Application Deadline:     April 1                       August 1                       December 1

Education Level:     AS/Diploma     BS     BS/BA     MS     MS/MA     Other  
(Nursing)    (Non-nursing)    (Nursing)    (Non-nursing)

Certification (specify): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Initial and Renewal Application

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Type all application documents (except checklist).  
 Submit only documents requested on this checklist.  
**Do not staple packet.**

Place a check (\*) next to each item. An incomplete application will be deferred to the next application cycle.

Initial Application	
<input type="checkbox"/>	Completed checklist
<input type="checkbox"/>	Letter of Intent
<input type="checkbox"/>	Three written clinical narratives (Clinical stories must have occurred within the past 2 years in your current area of practice or specialty)
<input type="checkbox"/>	Curriculum vitae/resume
<input type="checkbox"/>	Approval from your manager/director
*****	
<input type="checkbox"/>	I attended an Applicant Class on (date) _____
<input type="checkbox"/>	Discussion with a coach on (date) _____ Name: _____
<input type="checkbox"/>	My coach has reviewed my final portfolio

Renewal Application	
<input type="checkbox"/>	Completed checklist
<input type="checkbox"/>	Letter of transmittal
<input type="checkbox"/>	Two written clinical narratives (Clinical stories must have occurred within the past 2 years in your current area of practice or specialty.)
<input type="checkbox"/>	Curriculum vitae/resume
<input type="checkbox"/>	Approval from your manager/director
*****	
<input type="checkbox"/>	Discussion with a coach on (date) _____ Name: _____
<input type="checkbox"/>	My coach has reviewed my final portfolio

Please list the names of your clinical narratives below:

Narrative #1 \_\_\_\_\_

Narrative #2 \_\_\_\_\_

Narrative #3 \_\_\_\_\_

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**ANNIVERSARY APPLICATION:** Submit the completed and signed Manager/Director Approval for Participation to the Associate Chief Nursing Officer six weeks before the anniversary of your advancement.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## Practice Development & Professional Recognition Program Manager/Director Approval for Participation

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Applicant Name (print): \_\_\_\_\_

Unit/Department: \_\_\_\_\_

Date: \_\_\_\_\_

Application Cycle: (please check)    April 1    August 1    December 1

Application for: (please check)    Initial Advancement    Anniversary    Renewal

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### Applicant Directions:

1. Complete the information above.
2. Submit the completed Approval for Participation to your manager/director, then:  
For initial advancement or renewal: Submit the signed Approval with your completed portfolio to the ACNO.

For anniversary: Submit the signed Approval to the ACNO.

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### Manager/Director Directions:

Please verify that the applicant meets the following criteria to submit a portfolio to the Professional Recognition Review Board for consideration for advancement. The Professional Recognition Review Board will review the applicant's portfolio and make a final decision about advancing the applicant.

The applicant meets the following eligibility criteria:

- Registered nurse who provides direct patient care (staff nurse or clinical leader who spends more than half of his/her work schedule providing direct care to patient/s families)
- At least one year of continuous RN employment at HHS
- Budgeted position with a minimum of 1170 or 1248 budgeted hours during the year preceding application for advancement or renewal or if per diem must meet 3000 worked hours over 2 previous years.
- No gaps in employment in the past year
- No disciplinary action or probation in the past year

Please verify the number of contracted hours per week (required for bonus calculation) \_\_\_ hrs/wk

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Return the signed Director Approval for Participation to the applicant.