



# CAP APPLICATION - RENEWAL

## STEP ONE: Personal Information

Name: \_\_\_\_\_  
Last First Middle

Unit: \_\_\_\_\_ Title: \_\_\_\_\_ FTE: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Primary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Applying for RENEWAL of Clinical Advancement Status: See policy for requirements**

Clinical Nurse 3  
Requires a BSN or current certification in specialty; minimum of 2 years RN experience with at least 1 year in peds/neonatal, proof of no less than 15 CNE within last 12 months.

Last Advancement Date: \_\_\_\_\_

Clinical Nurse 4  
Requires a BSN or MSN and certification in specialty; minimum of 5 years RN experience with at least 3 years in peds/neonatal, proof of no less than 25 CNE within the last 12 months.

Start Date as RN at CHKD: \_\_\_\_\_

Years as Pediatric/Neonatal RN: \_\_\_\_\_

Initial License Date: \_\_\_\_\_

Total Years as a RN: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP TWO: Manager Approval

By signing below, I verify the following:

- employee has been a licensed Registered Nurse for over 2 years
- employment as a bedside RN at CHKD for a minimum of one year
- no disciplinary actions above a 'written memo to file' in the last 12 months
- most recent employee evaluation score: minimum of a four (4)

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Signature: \_\_\_\_\_ Title: \_\_\_\_\_

## STEP THREE: Submit via E-mail

**SCAN or E-MAIL a copy to: [CAP.RN@chkd.org](mailto:CAP.RN@chkd.org)**

**Retain one copy to be submitted with your portfolio.**

Employee Number: \_\_\_\_\_

CAP PANEL USE ONLY	
Received: _____	
Expiration: _____	