

EXHIBIT H:

SPECIAL VERIFICATION

(Applicant Name)

Charge Nurse – Manager’s signature below validates that this Nurse meets criteria and is active in the charge nurse role consistently.

Active Preceptor: Name / Date _____

Associate Preceptor: Name / Date _____

Co-Preceptor: Name / Date _____

ED Flow/Float: Name / Date _____

CTA/CTP/Adjunct Nursing Faculty: Name / Date _____

EBP Project: Activity / Date _____

Research Project: Activity / Date _____

Quality Data Collection (Core): Activity / Date _____

Active Mentor: Activity / Date _____

Peer Interview: Activity / Date _____
Activity / Date _____

Manager’s Signature / Team Leader

Date