

## EXHIBIT N: NSPDP Applicant Checklist

### APPLICANT INFORMATION

Employee ID: \_\_\_\_\_ Applicant Hire Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Credentials: \_\_\_\_\_  
*Highest earned degree, Licensure, State designations or requirements, National certifications, etc.*

Department: \_\_\_\_\_  
Department/ Unit Name Dept. # Campus Location

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

Level Applied for:  Level 1  Level 2

Six (6) months experience with 500 or greater patient care hours worked in the previous 6 months  
 (1000 or greater patient care hours worked in the previous 12 months) in eligible areas YES  NO

Annual performance evaluation must meet job standard with no unsatisfactory ratings? YES  NO

No corrective warnings in the previous 12 months YES  NO

### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge and will submit my portfolio to the Ambassador for initial review no later than December 1st after my annual performance evaluation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have reviewed with the Applicant his or her readiness to apply for the NSPDP Core and Elective Grid (Exhibit O), and have verified the above evaluation information:*

Applicant is **NOT READY** to apply at this time  Applicant is **READY** to apply

**FMLA Return Date (if applicable):** \_\_\_\_\_

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

### PDP AMBASSADOR REVIEW

*(Each portfolio review must be completed within 7 days of receipt)*

PDP Ambassador Signature: \_\_\_\_\_ Date /Time Submitted: \_\_\_\_\_

PDP Chairperson Signature: \_\_\_\_\_