

# EXHIBIT P: NSPDP Ambassador Committee Member Application

## COMMITTEE MEMBER APPLICATION

Full Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
*Last First M.I.*

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

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

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

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

Hire Date: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE DEPARTMENT MANAGER

- Demonstrates leadership capabilities
- At least **3** years of experience at Deaconess
- Annual performance evaluation meets job standard with no unsatisfactory ratings
- No corrective warnings within the previous 12 months
- Members must have ≥1000 patient care worked hours within the previous 12 months on areas participating in the NSPDP
- Portfolio submission at the Level 1 or above, by the end of the first year.

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

Denied by Manager

*Comments (required for denial):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Approved by PDP Chair and Committee Members
- Denied by PDP Chair and Committee Members