Name: _____

EDUCATIONAL ACTIVITIES RECORD: **Time Frame:** _____ to _____

To be submitted by employee to his/her Nursing Department Manager for each performance appraisal or promotion. Please see the Clinical Advancement System Manual to calculate what value, in contact hours, each activity is worth.

A. RESEARCH (Publications, Research, Nursing Research Literature Review)

Requirements: CNII = 5 Contact Hours | CNIII = 8 Contact Hours | CNIV = 10 Contact Hours | OTHER DEPARTMENT OF NURSING EMPLOYEES = VARIABLE

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Contact Hours: _____

B. EDUCATIONAL ACTIVITIES (Academic, Inservices, Workshops, Conferences)

Requirements: CNII = 15 Contact Hours | CNIII = 20 Contact Hours | CNIV = 25 Contact Hours | OTHER DEPARTMENT OF NURSING EMPLOYEES = VARIABLE

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Contact Hours: _____

C. CONSULTATION/PROFESSIONAL ACTIVITIES (Preceptorship, Community Outreach, Patient Care Conference, Nursing Grand Rounds, Professional Organizations, Certification and/or other activities)

Requirements: CNII = 5 Contact Hours; CNIII = 8 Contact Hours; CNIV = 10 Contact Hours; OTHER DEPARTMENT OF NURSING EMPLOYEES = VARIABLE

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Contact Hours: _____

D. COMMITTEES/COMMITTEE WORK/PROJECT TEAM

Requirements: CNII = 5 Contact Hours; CNIII = 8 Contact Hours; CNIV = 10 Contact Hours; OTHER DEPARTMENT OF NURSING EMPLOYEES = VARIABLE

DATE(S)	ACTIVITY	# CONTACT HOURS

Total # of Contact Hours: _____

Evaluation Date: _____

Employee's Signature: _____

Manager's Signature: _____

Upon completion, the Department of Nursing Manager submits this form to the Department of Human Resources for placement in the employee's permanent file.