

Riverside University Health System (RUHS) REGISTERED NURSE II & III PROMOTION REQUEST FORM

Name: _____ Date: _____

Employee No. _____ Email: _____

Phone Number: _____ Current Classification: _____

Department: _____ Manager/Supervisor: _____

Registered Nurse II & III: The classification range provides a career ladder for professional growth through the performance of increased responsibility, complex assignments, and to recognize professional development and expertise attained through education and experience. All classes require graduation from an accredited college and a current Registered Nurse (RN) license in good standing with the Board of Registered Nursing. Evaluations and/or references must indicate proficiency of practice. In addition, RN must not have an active Medical Certification Directive on file.

A. MINIMUM QUALIFICATIONS (check ✓ one box):

Registered Nurse II:

One (1) year of full-time experience working as a Registered Nurse in an acute care hospital setting.

Experience: Attach copy of current resume that demonstrates required work experience.

Registered Nurse III:

Three (3) years of full time experience as a Registered Nurse in an acute care facility or community health agency with references and evaluations to show appropriate skill level. A Bachelor's of Science Degree in Nursing or National Certification in a nursing specialty may be considered in lieu of one year of experience. A Master's degree in Nursing may be considered in lieu of two years of experience.

Education: Attach copy of transcripts (if applicable).

Certificates: Attach copy of National Certificate (if applicable).

Experience: Attach copy of current resume that demonstrates required work experience.

B. APPLICANT - DEMONSTRATION OF ABOVE QUALIFICATIONS & REQUIRED ATTACHEMENTS:

Applicant Signature: _____ Date: _____

C. MANAGER/SUPERVISOR: Manager's approval denotes RN has "Meets" or better on last evaluation & is **not** on Medical Certification Directive. If denied, Manager is to complete comments section, and communicate denial to employee and forward a copy to Human Resources Manager/Designee.

Approved

Denied (comments on denial): _____

Manager/Supervisor Signature

Date

D. HUMAN RESOURCES:

Meets minimum requirements for requested classification and current evaluation on file.

Does not meet qualifications for requested classification.

Additional information needed (list date contacted) _____

Human Resources Services Manager/Designee

Date

Approved and Processed, Effective Date: _____