****

**General Information Guide for NP III INITIAL Application Process**

*A NP III is a clinical expert who demonstrates excellence through advanced clinical practice, education, and leadership. The purpose of this role is to encourage nurse practitioners to become advanced practice nursing leaders by participation in clinical care, research, education, and service to the organization.*

**The application process consists of:**

*PART I:* fulfilling the following criteria

### NP is credentialed and privileged provider in good standing at UCSF Health.

### A minimum of four (4) years of experience as a Nurse Practitioner and current clinical specialty for a minimum of 2 years at UCSF Health as verified via an updated CV.

### A minimum appointment of 0.6 FTE over the prior rolling twelve (12) months as verified and indicated by their current administrator or manager on the application form.

### Completed and Signed Cover Sheet.

### Current resume or curriculum vitae

### Current overall UCSF performance evaluation within the last 12 months from NP III application due date. Evaluation must demonstrate the applicant meets or exceeds. Must be dated and signed.

### Completion of 30 CEUs within the past 24 months of NP III application due date. A list with the course, date, and CEU/CME credits sufficient. Certificates must be accessible in the event there is an audit.

### Completed Leadership Activity Form

### Two letters of recommendation signed and dated within 12 months of application due date. Recommendation must be from a colleague/supervisor that has worked with the employee in the last 12 months. One letter must be from a supervisor such as a Practice Manager, Administrative Nurse Supervisor or collaborating physician.

### Personal essay of 250-1000 words describing your leadership trajectory, elaborating on your list of leadership activities, their context or impact and future goals. Also, discuss how your future goals align with UCSF organizational priorities such as DEI.

*If an applicant does not meet the above criteria, then he/she will not proceed to Part II*. *The applicant must wait a minimum of one (1) year before re-applying and is limited to three (3) submissions in three (3) years.*

*PART II*: multidisciplinary panel interview

The NP III appointment will be granted only following approved completion of *Part I* and completion of *Part II* with majority approval by the multidisciplinary interview panel.

****

Your NP III application must contain the following 7 documents in this order:

* + This cover sheet with signatures. Please print name to follow signature.
	+ Current resume or curriculum vitae.
	+ Personal Essay.
	+ Two letters of recommendation signed and dated.
	+ A copy of NP II performance evaluation signed and dated within 12 months of the NP III application due date.
	+ Leadership Activities Form over the preceding prior 24 months of application due date.
	+ Proof of attendance for minimum 30 CEUs within 24 months of the NP III application due date (or can be listed on most recent NPII performance evaluation).
	+ **I attest that I am a credentialed and privileged provider in good standing at UCSF Health.**  \_\_\_\_ (initial)

Accepted formats for the application are *Word or PDF only*. All information must be in one file. Name of file must be your last name and first initial (for example, “EricksonM”). Email one file to AdvancedPractice@ucsf.edu.

An exemplar application is available upon request from Advanced Practice@ucsf.edu.

Deadline for submission is last business day of **March or September at 5pm PST**

Applicant (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_

Collaborating Physician (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collaborating Physician (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_

FTE Appointment

****

Personal Essay

**Instructions:**

Personal essay of 250-1000 wordsdescribing your leadership trajectory, elaborating on your leadership activities**,** their context or impact and your future goals. Also, discuss how your future goals align with UCSF organizational priorities such as DEI. This essay is a critical part of your application.

****

Leadership Activities Form

INSTRUCTIONS: List a minimum of six (6) activities within at least three (3) **separate** categories that are *ongoing or completed* within twenty-four (24) months prior to the application due date. Use personal essay to elaborate on leadership activities and future goals.

**CATEGORY**

1. Active formal or informal relationship with an academic program. May include guest lecture at School of Nursing or UCSF Fellowship didactic session. (Preceptor information please list under CATEGORY VII).

*Institution Course Name/Activity Month/Year*

 1.

 2.

 3.

1. Educational leadership activities for patients, UCSF or non-UCSF staff, and community. Examples are presentations at staff in-services, educational forums or health fairs.

*Presentation Title Audience Month/Year*

1.

2.

3.

1. Committee/Board and leadership activities. Examples include chair, active committee/board member, active QI committee member or task force member, APP committee or advisory board and professional board. Must be on the committee for a minimum of 1 year prior to application deadline and must state your contribution on committee.

 *Committee/Board Position/contribution Inclusive dates w/month*

 1.

 2.

 3.

****

Leadership Activities Form

 **CATEGORY**

1. Publication or submission of an article in a professional journal or textbook chapter. You must be named as author, co-author or editor*.*

 *Title/Journal/Citation Month/Year*

 1.

 2.

 3.

1. Speaker, panelist, poster, or abstract presented or submitted to a conference in area of clinical expertise. Must add in what way you contributed at the conference (ie: speaker, abstract).

  *Conference Title Contribution Month/Year*

1.

 2.

 3.

1. Serve as a mentor to an APP for a **minimum** of 6 months. APP mentor is defined as an experienced NP who substantively and consistently works with a mentee to develop, achieve and evaluate professional goals and provide orientation and support.

 *Name of Mentee Hours Inclusive dates w/month*

 1.

 2.

 3.

****

Leadership Activities Form

 **CATEGORY**

1. Sixty (60) hours as a preceptor for a graduate student or APP Fellow. A preceptor is defined as an experienced NP who voluntarily agrees to provide clinical experience and guidance to a graduate APP student or APP Fellow during their educational program. Maximum credit: no more than 3 students/fellows for 180 hours total.

 *Institution Student Name Hours Inclusive dates w/month*

 1.

 2.

 3.

1. Development or substantial revisions of written standards including core competencies, protocols or standardized procedures.

 *Organization Title/Subject Month/Year*

1.

 2.

 3.

1. Participation in community or health-related activities including those focused on DEI or other organizational strategic priorities. May be a leadership role or ongoing activity.

*Organization Activity/contribution Inclusive dates w/month*

 1.

 2.

 3.

****

Leadership Activities Form

**CATEGORY**

1. Active participation in a group or independent research. (Must not be an integral part of your job description).

*Title of Study Role Inclusive dates w/month*

 1.

 2.

 3.

1. Active participation in a Quality Improvement (QI) or Evidence Based Practice (EBP) Project with a role such as a lead or active team member.

 *Title of QI Project Role Inclusive dates w/month*

 1.

 2.

 3.

****

1. CEUs within the past 24 months

A list with the course, date, and CEU/CME credits sufficient. Certificates must be accessible in the event there is an audit.

 TITLE OF COURSE # of CEU/CME Date Completed

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total CEUs |  |  |