

NURSING EDUCATION

In an effort to consolidate our Information Systems the Nursing Department is developing a singular database for all BMC nurses. Please complete the attached Education Information Forms and return them to your HR contact person with your new hire paperwork. If you prefer, we will email you an electronic copy of this document, which should then be returned to patti.collins@bmc.org.

Form 1: Nursing Education &
 Non -Nursing Education (after high school).

Form 2: Specialty Certifications.

Form 3: Expanded Roles.

Form 4: Community Involvement.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

NURSING AND NON-NURSING EDUCATION

Please complete this form and e-mail to patti.collins@bmc.org.

Employee Name : _____

Employee ID: _____

The information provided on this form is true and accurate to the best of my belief.

Employee Signature _____ **ON LINE** _____

Date Completed ____ / ____ / ____

	Start Date (MM/DD/YY)	End Date (MM/DD/YY)	School Name and Location (City, State)	Degree Received (Underline selection)	Major
<i>Example:</i> Non-Nursing Degree(s)	<u>9/1/1999</u>	<u>6/1/2003</u>	<u>University of Massachusetts</u>	Diploma Associates <u>Bachelors</u> Masters Doctorate	<u>Management</u>
Non-Nursing Degree(s)				Diploma Associate Bachelors Masters Doctorate	
NURSING				<ol style="list-style-type: none"> 1. LPN / LVN 2. Assoc RN 3. RN Diploma 4. BSN 5. Masters 6. Nurse Practitioner 7. CNM 8. CRNA 9. Doctorate 10. Post Doctorate 	

SPECIALTY Certification

	Expiration Date (MM/DD/YY)	Certifying Body **Select from attached List or write in to update list	Specialty Type Received (Underline selection)	Certificate Received **Select from attached List or write in to update list
<i>Example Specialty Cert I</i>	12/31/2003 or N/A	ANCC—American Nurses Credentialing Center	<u>Med -Surg</u>	RN-C
Specialty Certification I			Medical Surgical Med-Surg Critical Care Step Down Psych. Rehab Pediatrics Trauma Oncology OB Other	
Specialty Certification II			Medical Surgical Med-Surg Critical Care Step Down Psych. Rehab Pediatrics Trauma Oncology OB Other	
Specialty Certification III			Medical Surgical Med-Surg Critical Care Step Down Psych. Rehab Pediatrics Trauma Oncology OB Other	

*NB only certifications that become **part of your professional nursing title** should be included. Do **NOT** include PALS, ACLS, tele etc.

EXPANDED ROLES

	Expiration Date (MM/DD/YY)	Certifying Body **Select from attached List or write in to update list.	Certificate Received	Degree
<i>Example Nurse Practitioner</i>	12/31/2003 or N/A	ANCC–American Nurses Credentialing Center	Adult Nurse Practitioner	ARNP, BC
Nurse Practitioner				
Nurse Midwife				
Nurse Anesthetists				
Clinical Nurse Specialist				
Other				

Name _____		Unit _____		
Mark with X in all applicable boxes	actively	previously		neither
Community service non nursing				
Active in mentor program				
Community service nursing				
Political advisor				
Nursing honor society				
Chapter publishing				
Book publishing				
Article publishing				
Member of board for healthcare org				
Governmental committee member				
Chair of board for healthcare org.				
Heath care advisor (hospital Homecare)				
Reviewer of professional journal				
Reviewer for publishing company				
Member specialty organization				
Professional presenter research educ etc.				
Teaching in nursing school				
Member school board				
Chair specialty organization				
Clinical instructor (nsg C.NA etc)				
Enrolled in formal educational program				
Professional speaker, conferences org. etc				
Chair of nursing organization				

