APEX Manager Support Form

Acknowledging Professional Excellence Program

Employee to complete this section:

Applicant name: _____   EE ID #: _____

Job title: _____   Dept. name: _____

What category are you applying for?   ☐ Category 1   ☐ Category 3
                                       ☐ Category 2   ☐ Category 4

What discipline are you applying for?   ☐ Care Management   ☐ Nursing   ☐ Medical Tech
                                         ☐ Dietetics   ☐ Pharmacy
                                         ☐ Imaging   ☐ Rehabilitation
                                         ☐ Laboratory   ☐ Respiratory

Have you been awarded an APEX award before?   ☐ Yes   ☐ No

In anticipation of your approval, <u>clearly print exactly</u> how you would like <u>your name and credentials</u> to be printed on the APEX certificate:

_____

Printed name and credentials to appear on your APEX certificate

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Manager to complete this section:

Current FTE status for this applicant: _____   Dept. #: _____

Please confirm applicant has current license.   ☐ Yes ☐ No
Please confirm there are no active corrective actions with this applicant. (Does not include   ☐ Yes ☐ No
coaching)

Manager's signature: _____   Date: _____

Manager's printed name: _____

For HR use only:
☐ FTE verified   EE has been in job for 2 years ☐ Yes ☐ No

☐ Hire date: _____   Eligibility verified:

☐ Date in current role: _____   _____