APEX Manager Support Form

Acknowledging Professional Excellence Program

Employee to complete this section:

Applicant name: _____ EE ID #: _____

Job title and code: _____ 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, clearly print exactly how you would like your name and credentials to be printed on the APEX certificate:

_____
Printed name and credentials to appear on your APEX certificate

Manager to complete this section:

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

Confirm applicant's job code: _____

Please confirm applicant has current license. ☐ Yes ☐ No

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

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: _____