

Review the [VUMC MA Clinical Ladder Guidebook](#) for instructions on use of the MA Ladder Item Worksheet below

## MA II Renewal Validation Item Worksheet

Please use this worksheet is an optional tool to help you organize the validation items you will submit in your application. Each candidate must complete the requirements for each category below for MA II.

Category	Validation Items
<b>Continuing Education Credits</b>	<input type="checkbox"/> Certificate of completion of 6 CEU/contact hours
<b>Professional Organization</b>	<input type="checkbox"/> Copy of certification/organizational membership
<b>Organizational Development (Select One)</b>	<input type="checkbox"/> Letter from Nursing Education Specialist or leader confirming participation in competency needs assessment <input type="checkbox"/> Copy of certificate preceptor LMS and one of the below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from the applicant's leader</li> <li><input type="checkbox"/> Copy of orientation checklist</li> </ul> <input type="checkbox"/> Certificate of completion CORS LMS module and CORS Peer Messenger validation form <input type="checkbox"/> Letter from Infection Control Representative verifying Infection control activity or letter from leader approving Infection Control presentation along with sign in sheet and copy of material presented <input type="checkbox"/> For hand hygiene observer all below are required: <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of hand hygiene training completion</li> <li><input type="checkbox"/> Documentation of 20 hand hygiene observations a month over the past 12 months</li> <li><input type="checkbox"/> Proof of attendance: Hand Hygiene Sub-committee</li> </ul> <input type="checkbox"/> Certificate of completion from CORS LMS and validation form signed by CORS leader <input type="checkbox"/> PI Project- Letter from their leader <input type="checkbox"/> TJC Champion- Letter from leader or quality representative <input type="checkbox"/> Letter from eStar Representative/ leader verifying applicant's participation as an eStar superuser as well as a summary of education provided to peers <input type="checkbox"/> Committee Participation must submit one of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of attendance by copy of sign in sheets</li> <li><input type="checkbox"/> Letter from meeting Chair verifying attendance</li> </ul> <input type="checkbox"/> Inservice- Copy of the content provided, copy of the sign in sheet of staff who attended, and letter from the leader verifying approval of in-service <input type="checkbox"/> Email from translation team verifying status as Certified Bilingual and share a brief story of one patient interaction (remove all patient identifying information) where bilingual skills were utilized.
<b>Formal Letter of Professional Recommendation</b>	<input type="checkbox"/> Copy of letter
<b>Professional Resume</b>	<input type="checkbox"/> Copy of resume with all required elements included
<b>SMART Goal</b>	<input type="checkbox"/> Type SMART goal with all elements of goal included in Redcap Application
<b>Patient Centered Story</b>	<input type="checkbox"/> Typed patient centered story document. Applicant should not include any patient/family identifying information.