**DLPAL Request for Consideration**

This form is completed when the candidate has not met the minimum years of experience expected to advance to a Level III or Level IV and believes that she/he has completed the work based on the requirements. The candidate meets with her/his manager to review the body of work. If the manager determines the work may support advancement, then this form should be completed by the PAL candidate’s direct supervisor/manager and included in the candidate’s CAP manual.

**Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Discipline: (circle one)**  **MLS Cytogenetics Technologist Cytotechnologist Histotechnologist**  **MLT Cytotechnician Histotechnician**  **Advancing Level: (circle one) III IV** | **Yes** | **No** |
| 1. Technical Operations: Demonstrated ability to perform testing and tasks with consistent, timely and accurate results, according to department policies and procedures |  |  |
| 2. Professionalism and Leadership: Process of continuing professional development beyond the formal training required for technical proficiency. Professional development improves the capabilities of others to provide safe, high quality and efficient results for patient care. Demonstrated ability to constructively engage others in an efficient and effective process to achieve common goals. |  |  |
| 3. Process/Quality Improvement: Activities that enhance performance in compliance, proficiency and patient/employee safety while supporting a culture of continuous improvement |  |  |
| 4. Education and Teaching: Improving knowledge base of others by continuing to improve education focused on development to allow access for learning opportunities for all departments. |  |  |
| Other comments regarding this candidate’s performance: |  |  |

I affirm, as this candidate’s direct supervisor/manager, that this candidate’s performance is in good standing and eligible to advance by meeting all expected standards as defined for the PAL.

Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_