

Application to UCLA Health Professional Governance Councils

Please scan, and email to:

Application Deadline:

Last Name (Please list all credentials):

UCLA Email address:

First Name:

UD/Manager:

Scheduled Hours:

Please check below if applicable (*NOT an application requirement*)

I am an evidence-based practice (EBP) expert (used Iowa Model to critique and synthesize evidence needed to make practice decisions; and/or served as principal investigator or mentor for research, EBP, or QI projects)

Eligibility Criteria: 2 year commitment to council membership

- A. Practiced as a registered nurse for no less than 1 year at the time of application at UCLA Health.
- B. Demonstrates Relationship-Based Care (RBC) and leadership practices that are consistent with the changing goals of the organization, is focused on building strong relationships between people and the work they do and is committed to professional development and life-long learning.
- C. Demonstrates the ability to deal with diverse ideas and dialogue with peers for consensus building.
- D. Committed to evidence-based practice and improving care at the bedside.
- E. Has analytical abilities and technical skills; is open to new ideas.
- F. In good standing within the organization per Performance Evaluations (i.e. no formal disciplinary action, which excludes verbal warnings).
- G. Willing to serve in any capacity deemed by the council.

Key Accountabilities of Members:

- **Attends all meetings (10/12 meetings per year) prepared and actively participates**
- **Participates in Council work – must lead/serve on task forces or in other capacities (i.e. elected to chair position) deemed necessary by the Council**
- **Supports all decisions made by the Council**
- **Serves as a communication liaison to colleagues**

Current role is:

- CNII CNIV APRN CM
 CNIII ANI (Lead) TC ANII/III
 Other : _____

Indicate your current unit/ department:

Indicate your facility:

Employment history:

I have been practicing as a nurse for:

_____ Years _____ Months

I have been employed as a nurse UCLA HealthSystem :

_____ Years _____ Months

Please check which of the Facility-level Councils or System-level Councils you are applying to (*select only one council*)

UNIT/DEPARTMENT PRACTICE COUNCIL

Unit/Department Practice Council

FACILITY-LEVEL COUNCILS

- Exemplary Professional Practice Council
- New Knowledge and Innovation Council
- Structural Empowerment Council

SYSTEM-LEVEL COUNCILS

- Practice Council
- Research and Innovation Council
- Professional Development Council

Have you ever held a position in Professional Governance: YES NO

Have you previously applied to Professional Governance YES NO

Describe why you want to serve and what you will bring to Professional Governance, particularly recent leadership experiences that you have had with project or committee work. (100 word statement).

PLEASE ATTACH STATEMENT ON SEPARATE SHEET WITH YOUR NAME ON TOP

Hope to make this all one sheet so that this is electronic

By signing this form I agree that I meet eligibility criteria and if selected will maintain the key accountabilities of membership.

Signature : _____ Date: _____

I verify the applicant is in good standing and not under formal disciplinary action in the last 12 months (Does not include verbal warnings)

Signature of Manager/Director: _____ Date: _____

Administration use only:

Return receipt email sent to Candidate

Date: _____ Time: _____

Return receipt email sent to Candidate's Manager

Date: _____ Time: _____

