

Champion Participation Form

Date: _____ Unit/Dept: _____

Staff Name: _____

Highest Nursing Degree: _____

CN Status: Circle- I, II, III, IV

Certification(s): _____

I am interested in becoming a Champion for _____ specialty

I am willing to serve for: 1 year 2 years 3 years

I have reviewed the role description and/or met with the Program Leader of this initiative/program to review the specific requirements for this position. I have also reviewed the Champion Nursing Structure Standard. I am committed to meeting all requirements.

Employee Signature/Date

Program Leader Signature/Date

I commit to support this champion in their specialty work. I agree to provide the necessary resources to enable participation as a champion.

Manager Signature/Date

Copy to employee file
Copy to Program Leader