**Clinical Laboratory Scientist Ladder Application**

**CLS Clinical Ladder Requirements:**

|  |  |  |
| --- | --- | --- |
| **General Requirements** | **Yes** | **No** |
| 1. Current CLS licensure |  |  |
| 1. Minimum 2 years experience as CLS and 1 year in the bargaining unit. |  |  |
| 1. No active disciplinary actions (written warning or above) in previous 12 months. |  |  |
| 1. Annual review must meet rating “meets standards” (strong performance by current definition). |  |  |
| 1. Achieve 5 points or more from the criteria established within the year prior to application (refer to Appendix C of ESC CLS Agreement). |  |  |
| 1. Current status must be part-time or full time. |  |  |

* **Application for new or renewal will take place at the time of the employee’s annual review.**
* **Status is maintained by meeting criteria each year.**
* **Should the CLS fail to meet criteria for renewal of clinical ladder status he/she will be adjusted to the equivalent step for CLS.**

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Effective Dates: From (date) to (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager approval (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ Date: \_\_\_\_\_\_\_

Department Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

Approved: Yes No Effective date of increase \_\_\_\_\_\_\_\_

Comments:

**Clinical Laboratory Scientist Ladder Application**

Criteria for advancement (with assigned points) as verified by immediate supervisor (must include application and supporting documentation). A minimum of five (5) points or more must be acquired from the Criteria for Advancement listed below within the year prior to application. Please indicate points achieved. \*Refer to Appendix C of Contract for detailed information on required criteria.

|  |  |  |
| --- | --- | --- |
| **Criteria for Advancement** | **Points:** | **Comments:** |
| 1. **Trainer Designee:** (Team Lead not qualified). Minimum of 80 hours in a 12 month period | 1 |  |
| 1. **PAMF or Laboratory Committee:**   12 hours per year  24 hours per year | 1  2 |  |
| 1. **Individual Project:** (must be pre approved my manager) | 1 |  |
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| 1. **Presentation/in-service:** (must be pre approved by manager) | 1 |  |
| 1. **Job Aids:** (must be pre approved by manager) | 1 |  |
| 1. **Continuing Education:**   15 CEUs (1 point)  30 CEUs (2 points) | 1  2 |  |
| 1. **Volunteer:** must be an approved PAMF community event- a minimum of 8 hours | 1 |  |
| 1. **In-Service:** presents in service to non-laboratory personnel | 1 |  |
| 1. **Quality Control:** partner with clinical departments to ensure completion of QC/QA with a minimum o f 5 departments | 1 |  |
| 1. **Competency in all benches**: checklist required | 1 |  |

**Total Points Achieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**