

**University of Colorado Hospital  
Intent to Credential Application  
UEXCEL Level III and Level IV**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Unit/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

Current UEXCEL Level: \_\_\_\_\_ Level Applying to Credential: \_\_\_\_\_

Manager/Director: \_\_\_\_\_ Manager/Director Mail Stop: \_\_\_\_\_

Manager/Director Signature: \_\_\_\_\_

UEXCEL has a mandatory advisor program, effective 2010. Please review the Approved Advisory list on the UEXCEL Website, as well as the UEXCEL Board member list, select an advisor, then write the advisor preference below. Please remember your advisor must have already successfully advanced to Level III or Level IV, the same level you desire to credential.

Name of Advisor: \_\_\_\_\_

**ADVISOR COMMITMENT STATEMENT:**

*I agree to be a UEXCEL Advisor. I understand this commitment means I am currently knowledgeable about the UEXCEL requirements and I will support the advancement process. I attest to having completed an Advisor Certification course. I agree to review the notebook and the advancement criteria with this applicant **prior to portfolio submission.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have completed the Healthstream courses titled *UEXCEL: Supporting and Advancing Your Nursing Career, Part I and II*. Please print out the certificates to document you have prepared for portfolio submission, and attach to this application.

I have reviewed the written material on the Credentialing Procedure: 2011-2012 Level III and Level IV.

**Deadline**

**Send Intent to Credential form no later than April 2, 2012 by interdepartmental mail to UEXCEL Board Secretary, Box F795 or you may hand deliver directly to Leprino 10-021.**