

**HOUSTON NORTHWEST MEDICAL CENTER
NURSING VALUE ADDED INCENTIVE PROGRAM
APPLICATION FOR PROJECT**

NAME: _____

UNIT: _____ DATE OF APPLICATION: _____

YEARS OF NURSING EXPERIENCE : _____

YEARS OF FULL TIME EXPERIENCE AT HNMC : _____

I, (Name of Applicant Nurse) _____ understand that this project must be approved by a committee, my Director, and the CNO in order to be eligible for the bonus. I further understand that I will be paid the bonus for the length of the project only based on the timeline submitted to the committee. If the Director or Committee ever feels that I am falling outside the timeline, the bonus will not be paid.

Signature of Nurse: _____ Date: _____

CERTIFICATION BY UNIT DIRECTOR

I, _____ (Name of Director), certify that _____ (Name of Nurse), has met the experience, and performance criteria for a (Circle One) Level One Project or Level Two Project. If approved by the committee, and by the CNO, I will support this project going forward and will insure that the staff member is following the timeline appropriately.

Signature of Director: _____ Date: _____