COFFEE REGIONAL MEDICAL CENTER
CAREER DEVELOPMENT LADDER PROGRAM
LETTER OF INTENT
(Due May 15th for June 1st program enrollment -or- November 15th for December 1st program enrollment)

Employee Name:	
Employee Badge #:	
Employee Email Address (work and/or home) and/or Cell Phone # you wish to be contacted at:	
T-Shirt Size:	☐ Small ☐ 1X-Large ☐ Other: ☐ Medium ☐ 2X-Large ☐ Large ☐ 3X-Large
Career Development Ladder Program Entry Level Applying For:	☐ Rising Star ☐ Shooting Star ☐ Super Star
Repeating Level:	☐ No ☐ Yes # of years repeating at same level:
Review Month / Year:	(Month) (year)
Note: The review date must be a minimum of one (1) year from application.	
Employee Status:	☐ Full-Time (working 36 or > hours per week) ☐ Part-Time # hours: ☐ PRN (averaging 1000 hours a year)
Date of Employment at CRMC:	
Years of Experience at CRMC:	
RESUME MUST BE ATTACHED IN ORDER FOR LETTER OF INTENT TO BE ACCEPTED.	
Employee Signature:	
Department:	
Number of Departmental Inservice Hours Required:	
Department Manager Signature:	
Date Submitted:	
Note: Forward your Letter of Intent/Resume to Traci Matson, Patient Care Services, Ext. # 5613	