Graduation Awards Portfolio Program

Trinity College of Nursing & Health Sciences
UnityPoint Health
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Invitation to Participate

Welcome! The Portfolio Program is your opportunity to compile a professional portfolio and apply for Trinity College of Nursing & Health Sciences graduation awards of Service and Leadership. It is our hope that you find your professional journey rewarding, stimulating and invigorating. A group of dedicated faculty, staff, and advisors at Trinity College have developed this portfolio package with you in mind.

We appreciate the work, skill, and knowledge that you put to use every day: satisfying your patient’s needs, providing quality care to patients, working with families and the community to name a few. We hope that you will consider your own professional growth while developing your portfolio.

Please feel free to contact any of the Student Affairs Committee members with questions regarding your portfolio.

Members

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The College Student Affairs Committee and Portfolio Subcommittee would like to appreciatively recognize the Trinity CAP, TAP, and ITAP programs from which this program was modeled.
The Portfolio Program

An Introduction
The Portfolio Program at Trinity College of Nursing & Health Sciences provides structure for the student to demonstrate eligibility of recognition with the Service and Leadership awards, as well as, the knowledge and skills acquired while attending Trinity College.

The objectives of the Portfolio Program are simple and explicit: recognize and reward students of nursing, respiratory care, and radiography. We want all students to be satisfied with their career choice and be recognized for their growth.

Portfolio Guidelines

Eligibility
Student must be in good academic standing in the final semester of coursework that will culminate in graduation. Interested students are responsible for ensuring that their portfolio includes evidence and examples to verify participation or completion of activities for the selected awards. All documentation must be complete at the time of submission.

May graduation-portfolio due on the Friday before Spring Break.
August graduation-portfolio due on the first Friday of July.

Description of Awards

Service Excellence Award: The students selected for the Excellence in Service Award have demonstrated “service first” by providing noteworthy service to the College and their communities and have demonstrated a willingness and enthusiasm to help others. These servant-leaders interact well with their peers, faculty, staff and community members.

Leadership Excellence Award: The leadership award is presented to those students who create a positive and enthusiastic learning environment and set the standard for others to follow. These individuals have their own unique style of motivating others to achieve personal excellence. They set a good example and make a positive difference in their programs, professions and in the lives of others.

One of each award will be conferred per program providing there are students who meet the criteria.
Graduation Awards Portfolio Program

Graduation Awards Portfolio Application

Applicant, please check which award/s you are applying for.

☐ Service Award
☐ Leadership Award

Application Date __________________ Program of Study ________________________________

Print Full Name ____________________________

Applicant Signature ____________________________

Applicant understands that the signature of the Advisor does not indicate an award. An award will be determined by the Portfolio Committee.

Advisor

Do not fill this section out but have your advisor fill this section.

Please circle to designate the appropriate following criteria have been met. If the applicant fails to meet the following criteria, the application process stops and the student is not eligible for submission.

YES NO Completed the last 25 semester hours of credit at Trinity College.

YES NO Progressing satisfactorily in all academic or clinical courses.

YES NO Currently in good standing and in compliance with the General Standards of Behavior.

Advisor Signature __________________________

Advisor signature must be obtained no later than -
Date 3-6-2020 (for May graduation) or Date 7-3-2020 (for August graduation).
Portfolio Checklist

Note: Please refer to the Selection Rubric for complete details of what should be included in each section.

☐ Completed application form
☐ Writing mechanics and presentation of the portfolio
☐ Professional goal summary:
  ☐ Projection of objectives (or aims) of accomplishment in the next two years.
  ☐ Description of why the goals are important to you.
  ☐ How you will work to accomplishment of these goals.
  ☐ Letter of Recommendation
☐ Awards or Recognitions (Scholarship achievement at TCN should be excluded from this section)
  ☐ Inclusion of copies of awards or recognitions received
  ☐ Inclusion of proof of participation in presentations or exhibits outside of college classwork
☐ For the Leadership Award Applicant:
  ☐ Documentation of proof of elected office held in the academic or employment setting.
  ☐ Documentation of degree of participation in committee work in the academic or employment setting.
  ☐ Summary of how your participation contributed to your growth as a leader.
☐ For the Service Award Applicant:
  ☐ Documentation of degree of participation in Proof of community service and/or service to the College or Health Care System.
  ☐ Summary of how your participation contributed to your growth as a health care professional
☐ Resume (include individual items as applicable)
  ☐ Evidence of the highest educational degree or diploma
  ☐ Evidence of current licensure
  ☐ Evidence of current certifications and continuing education credit
  ☐ Other relevant health care profession-related experience
  ☐ Service experience, outside of those that have application to the profession
  ☐ Professional memberships

Good Luck Compiling Your Portfolio!
### Graduation Awards Portfolio Program Selection Rubric

**Applicant:**

**Applicant Program of Study:**

**Which award is the applicant applying for?**
- Service
- Leadership

**Was the application form submitted prior to the deadline?**
- Yes
- No

**Is the application form complete?**
- Yes
- No

#### WRITING MECHANICS AND PRESENTATION OF PORTFOLIO
*(applies to all applicants)*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exemplary 4 points</th>
<th>Proficient 3 points</th>
<th>Minimum 2 points</th>
<th>Lacking 1 point</th>
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#### PROFESSIONAL GOAL SUMMARY
*(completed by each award applicant)*

<table>
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<tr>
<th>Criteria</th>
<th>Exemplary 4 points</th>
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<th>Minimum 2 points</th>
<th>Lacking 1 point</th>
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### AWARDS OR RECOGNITIONS

*(completed by each award applicant if applicable, scholarship achievement at TCN should not be included in this section)*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exemplary 4 points</th>
<th>Proficient 3 points</th>
<th>Minimum 2 points</th>
<th>Lacking 1 point</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inclusion of copies of awards or recognitions received (if applicable). Examples: Daisy in Training Award, Woman’s Connection Rising Professionals, CAP Designation</td>
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<td>2. Inclusion of proof of participation in presentations or exhibits, outside of college classwork (if applicable). Example: Radiography Student Educator Conference, CAP Poster Presentation</td>
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### LEADERSHIP AWARD

*(completed by applicants applying for this award)*

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<tr>
<th>Criteria</th>
<th>Exemplary 4 points</th>
<th>Proficient 3 points</th>
<th>Minimum 2 points</th>
<th>Lacking 1 point</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Documentation of proof of elected office held in the academic or employment setting (if applicable). Include dates of service. Examples: SGA officer, Phi Theta Kappa, Sigma Theta Tau, etc.</td>
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<tr>
<td>2. Documentation of degree of participation in committee work in the academic or employment setting. Use the Student Activity Participation Form (complete as best as possible).</td>
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<td>3. Summary of how the student’s participation contributed to their growth as a leader.</td>
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### SERVICE AWARD

*(completed by applicants applying for this award)*

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<tr>
<th>Criteria</th>
<th>Exemplary 4 points</th>
<th>Proficient 3 points</th>
<th>Minimum 2 points</th>
<th>Lacking 1point</th>
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</thead>
<tbody>
<tr>
<td>1. Documentation of degree of participation in community service and/or service to the College or Health System. Examples: March of Dimes, NAMI, Food Pantries, Community Care, College Open House, Health Fairs, etc. Use the Student Activity Participation Form (complete as best as possible).</td>
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<tr>
<td>2. Summary of how the student’s participation contributed to their growth as a health care professional.</td>
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</table>
### RESUME
*completed by each award applicant, information contained in this sections contributes to the overall understanding of the applicant*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Included</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evidence of the highest educational degree or diploma held by the student (If applicable). Examples: AS, BS, MS.</td>
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</tr>
<tr>
<td>2. Evidence of current licensure and/or employment qualifications. (If applicable) Examples: LPN, CNA, Surgical Technologist, MRI, CT, Mammographer, TECH, Medical Transcriptionist, Laboratory Technologist</td>
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<tr>
<td>3. Current certifications and continuing education credit. (If applicable). Examples: CT, MRI, ACLS, PALS, TNCC, etc.</td>
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<tr>
<td>4. Other relevant health care profession-related experiences. (If applicable). Examples: Medical Mission, Red Cross, etc.</td>
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<tr>
<td>5. Service experience list, outside of those that have application to profession. (If applicable). Examples: political, church, scouting, etc.</td>
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Date of Review: ____________________________

Total Points Obtained: ____________________________

Award Status: ____________________________

Reviewer Names: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Notes: __________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Student Activity/Participation Record Form

Student Name: __________________________ Program: __________________________

Name of Agency or Service: ______________________________________________________

Date of Activity: ___________________________ Hours: __________________________
Activity: ___________________________
Signature of Organization Chairperson/Designee: ________________________________

Name of Agency or Service: ______________________________________________________

Date of Activity: ___________________________ Hours: __________________________
Activity: ___________________________
Signature of Organization Chairperson/Designee: ________________________________

Name of Agency or Service: ______________________________________________________

Date of Activity: ___________________________ Hours: __________________________
Activity: ___________________________
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