

**UCI Health**  
**Bridges to Excellence**  
**Intent to Visit – Manager Approval**

The following nurse is participating in the Bridges to Excellence Program.

Name of Applicant \_\_\_\_\_

**Visiting Unit Manager – please confirm you have approved the information below:**

Dates of Clinical Experience \_\_\_\_\_

Visiting Unit \_\_\_\_\_

Visiting Unit Preceptor Assigned \_\_\_\_\_

Visiting Manager's Signature \_\_\_\_\_

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

**Applicant - If using EDC time, you must obtain prior approval from your manager.**

**Employee Manager – please confirm you have approved use of EDC time for your employee to participate in the Bridges to Excellence Program**

**Employee Manager Name (please print):** \_\_\_\_\_

**Employee Manager Signature:** \_\_\_\_\_

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

**(upon completion upload to the Intent to Visit Application)**