

Application for Financial Assistance for Nursing Professional Certification

All Certifications Instructions BEFORE exam

1. Complete entire application below
2. Obtain manager/leader signature on application
3. Sign application
4. Scan application to [UVACH Center of Nursing Excellence](#) email box
5. Once approved, you will receive instructions at your email address with further instructions.

Initial Certifications Instructions BEFORE exam

1. Complete entire application below
2. Obtain manager/leader signature on application
3. Sign application
4. Scan application to [UVACH Center of Nursing Excellence](#) email box
5. CONFIRM YOU ARE ELIGIBLE TO SIT FOR THE EXAM AND THAT YOUR EXAM WILL BE SCHEDULED
 - Within 60 days of date of date of approval
6. Once approved, you will receive instructions at your email address with further instructions.

Renewal Certifications Instructions for BEFORE renewal

1. Complete entire application below
2. Obtain manager/leader signature on application
3. Sign application
4. Scan application to [UVA CH Center of Nursing Excellence](#) email box
5. Once approved, you will receive instructions at your email address with further instructions.

Instructions AFTER taking the exam or renewing certification and requesting reimbursement

1. Attach the following documents
 - a) Documentation from certifying body of successful completion of all requirements for certification or recertification (including dates) Original receipt for certification expenses with proof of payment if being reimbursed for a certification that is not included in a contracted program
2. Scan above document(s) to [UVACH Center of Nursing Excellence](#) email box

First Name:		Last Name:	
Computing ID:			
Work email Address:		Personal Email Address:	
Phone Number:			
Employment Status:	Full Time Part Time		
Facility:		Department/ Unit:	
Certification Funding For:	Initial Renewal	Renewal By:	Exam CEU/Payment
Will you receive funds from any other source for this certification?		Yes No	
Do you currently hold a current Professional nursing certification?		Yes No	
If answered yes above, please provide certification with expiration date(s):			
Full name of certification (with abbreviated credentials) you are requesting funding for:			
Name of certifying body (with abbreviation) you are requesting funding for:			

I) Statement of Understanding

- a) I have read and understand [Professional Certification for Registered Nurses – UVACH-NG-4066](#) and meet the eligibility requirements
- b) I have reviewed my application for completeness and have attached appropriate documentation.
- c) I have discussed certification with my manager/leader
- d) I AM ELIGIBLE TO SIT FOR THIS EXAM AS OF THE DATE OF THIS APPLICATION
- e) EXAM WILL BE SCHEDULED (based upon the professional exam testing window) WITHIN 60 DAYS OF THIS APPLICATION

Employee Signature: _____ Date: _____

Manager/Leader Signature: _____ Date: _____

- a) I have read and understand [Professional Certification for Registered Nurses – UVACH-NG-4066](#) and support certification for this team member
- b) I CONFIRM THIS ELIGIBLE TO SIT FOR THE EXAM AS OF DATE ON THIS APPLICATION
- c) THEIR EXAM WILL BE SCHEDULED WITHIN 60 DAYS (based upon the professional exam-testing window) OF THIS APPLICATION

Manager/Leader signature: _____ Date: _____

PRINT Manager/Leader name: _____ Date: _____