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](#)
5. email box
6. **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 <u>successful</u> 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 <u>not</u> included in a contracted program
2. Scan above document(s) to [UVACH Center of Nursing Excellence](#) email box

Application for Financial Assistance for Nursing Professional Certification

First Name: Last Name:

Computing ID:

Work email address: Personal email address:

Phone Number:

Employment status: FT   PT

Facility: Department/Unit:

Certification Funding for: Initial   Renewal

Will you receive funds from any other source for this certification?: Yes Do you No

currently hold a current professional nursing certification?: Yes   No

If answered yes above, please provide certifications with expiration date(s):

Full name of certification (with credentials) requesting funding for:

Certifying body of certification requesting funding for:

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

Employee signature _____   Date _____

- I have read and understand Professional Certification for Registered Nurses - UVACH-NG-4066 and support certification for this team member.
- **I CONFIRM THIS PERSON IS ELIGIBLE TO SIT FOR THE EXAM AS OF DATE OF THIS APPLICATION**
- **THEIR EXAM WILL BE SCHEDULED WITHIN 60 DAYS (based on upon the professional exam-testing window) OF THIS APPLICATION.**

Manager/leader signature _____   Date _____

PRINT Manager/leader Name _____   Date _____