



## CERTIFICATION REIMBURSEMENT APPLICATION

**Applications accepted April 1, 2017 – March 31, 2018, or until funds are depleted**

Certification funding is made possible due to generous donations from caring people in our community. It is our privilege to help you further your education. Please review the criteria carefully. *Qualified applicants will be reimbursed 80% of their certification fee on a first come, first serve bases.*

Scholarship	Criteria	Award
Certification	<ul style="list-style-type: none"> <li>National clinical and nursing certifications relevant to position. (does not include ACLS, TNCC, PALS, NCLEX, etc.)</li> <li>Exam and test fees related to certification only (does not include study material or pre-certification costs)</li> <li>Employed at CWH, CH or WVH for minimum of 1 yr.</li> <li>Initial certifications, <b>no re-certifications</b></li> <li><b>No funds will be provided by the Foundation if certification is necessary and/or required for current position.</b></li> <li><b>Exam results AND application need to be completed and received by the Foundation within the current reimbursement period, 4/1/17 – 3/31/18. No Retros.</b></li> </ul>	Certification fees will be reimbursed, at 80%*, once proof of exam passing, receipts for exam purchase, and complete application have been received and approved by the CH Foundation.  <small>*as long as funds are available for current reimbursement period.</small>

Please carefully read the following application guidelines. Incomplete applications WILL NOT BE CONSIDERED. It is the responsibility of the applicant to ensure that all requirements are complete. If you have questions, contact Confluence Health Foundation at 665-6030.

**Please print**

Applicant name:		<input type="checkbox"/> CWH	<input type="checkbox"/> WVH	<input type="checkbox"/> CH
Address:	City:	State:	Zip:	
Daytime phone number:	Email:			
Department:	Position:	Date of Hire:		
Type/Name of certification exam:	Date certification was completed:			
<b>ON A SEPARATE SHEET OF PAPER (one page maximum), Please answer:</b>				
(1) How your certification will benefit CWH, CH or WVH and (2) Why Confluence Health Foundation should pay for your certification exam.				
<b>Employee Acknowledgement:</b>				
I understand that I am responsible for submitting proof of exam passing, exam receipt, along with this application, in the current reimbursement period, in order to be considered for reimbursement of 80% of my certification fee, pending available funds. I also understand my application needs to be approved by CH Foundation.				
_____ Employee Signature			_____ Date	
<b>Director/Manager Review and Endorsement:</b> (check all that have been met)				
<input type="checkbox"/> The certification is relevant to this employee's position description.				
<input type="checkbox"/> The employee has been in an active status for at least one (1) year.				
<input type="checkbox"/> The employee's most recent performance evaluation acknowledges satisfactory performance.				
<input type="checkbox"/> The employee is not currently in a "performance improvement" plan or being managed under the Progressive Constructive Disciplinary Process.				
<input type="checkbox"/> The employee is in compliance with all required training as applicable to department policy and their position.				
_____ Director/Manager Signature			_____ Date	
Date received:	Foundation Approval:	Date:		