

## 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: \_\_\_\_\_

- 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: \_\_\_\_\_