



## **Nursing Excellence Scholarship Fund**

### **Purpose**

To provide monetary assistance for testing fees and certification review or refresher course costs for regular budgeted employed nursing Mission Partners to attain clinical professional development through certification and/or recertification in specialty.

### **Eligibility**

- The Mission Partner must demonstrate ongoing nursing/clinical competence and leadership skills as attested to by their current supervisor.
- The Mission Partner must not be in any disciplinary or corrective action within six (6) months of application.
- The Mission Partner must pass the certification testing to be eligible to receive reimbursement for qualifying review/study courses. Failure to pass the certification testing will disqualify the Mission Partner from any reimbursement for review/study courses and the certification testing fee.
- The monetary award will reimburse the Mission Partner up to \$1,000 for the costs of qualifying review/study courses and certification testing.

### **Application Procedure**

1. Complete the application.
  - a. Please attach any supporting documentation related to the certification, such as a program description, accrediting body information, course and test costs/receipts, etc.
2. Submit the application and supporting documentation to your nursing leader.
  - a. Your leader will:
    - i. Review your application.
    - ii. Confirm you meet the eligibility criteria and complete the approval portion.
    - iii. Forward your application to nursing administration for approval and award decision.
3. Applications may be submitted at any time.
  - a. Applications submitted prior to or on the 15th of the month will receive a decision at month-end.
  - b. Applications submitted after the 15th will receive a decision at the end of the following month.

### **Renewal Conditions**

Applicants are eligible for one (1) award per rolling 12-month period.

### **Commitment**

1. The award recipient is responsible for employment at OSF HealthCare Little Company of Mary Medical Center for one (1) year after successful testing for certification is completed.
2. The recipient will complete the testing for certification within six (6) months of application.
3. Awarded recipients will be required to sign an agreement stating acknowledgment of these requirements.



**Instructions:**

1. Complete all of page 1 and the top section of page 2 of the application.
2. Attach supporting documentation related to the certification.
3. Submit the application and supporting documentation to your nursing leader.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_  Home  Mobile

E-mail Address \_\_\_\_\_

Highest attained academic degree/certification \_\_\_\_\_

College / University \_\_\_\_\_

Current floor / unit assignment \_\_\_\_\_ Total years employed at LCMMC \_\_\_\_\_

Specialty/advanced certification you are seeking \_\_\_\_\_

Certifying organization \_\_\_\_\_

Have you completed the content review course for the exam?  Yes  No

If yes, when? \_\_\_\_\_ If no, when do you anticipate completion? \_\_\_\_\_

When do you plan to complete the certification/accreditation test? \_\_\_\_\_

In two or three sentences, why are you seeking this credential?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Name**

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**Specialty/advanced credential**

**Mission Partner Statement**

I understand if I am awarded a OSF HealthCare Little Company of Mary Medical Center Nursing Excellence Scholarship Award, I will make every effort to successfully complete the above certification within six (6) months of the award, and will comply with the commitments listed above (see Commitments). If I do not complete the required testing within the allotted timeframe, I will be required to re-apply for the award and may be subject to additional application requirements.

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Mission Partner Signature

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Date

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**Leader Approval**

Please confirm the above Mission Partner is eligible to apply to the Nursing Excellence Scholarship Fund for support in seeking advanced credentialing/accreditation and meets the following criteria:

This Mission Partner:

- Is in good standing with no disciplinary or corrective actions within the past six (6) months.
- Demonstrates ongoing nursing/clinical competence and leadership skills.
- Has your approval to seek the above advanced credentialing.

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Leader Signature

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Date

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Printed Name

**Director Approval**

I have reviewed this application and approve it for award consideration.

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Director Signature

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Date