



Baptist Downtown • Wolfson Children's Hospital
Baptist Beaches • Baptist Nassau • Baptist South

SCHOLARSHIP APPLICATION for PROFESSIONAL LICENSURE CERTIFICATION (Certification and Retest Exams)

Eligibility and Criteria

The Baptist Health Foundation Scholarship program is designed to primarily provide financial support to benefits-eligible Baptist Health System, Inc. employees and others to encourage entry into health care fields that are experiencing a shortage of applicants and to promote the attainment of educational degrees by care-giving employees. Candidates for a professional scholarship must be accepted in an accredited clinical educational program.

Based on available funding, the Scholarship Program will also reimburse Baptist Health benefits-eligible, non-physician employees with funding assistance for National Clinical Certification Exam fees and National Clinical Certification Exam Re-test fees (2nd attempt only) for health care fields that are experiencing a shortage of applicants as determined by Baptist Health and the Scholarship Committee:

Employees must be in good standing, not on probation, completed 90 days of employment, and maximized available LEAP benefits. Only certifications listed on the Baptist Health intranet as approved certifications will be funded. Certification must be relevant to the employee's current role and approved by a manager/director. There will be no discrimination based upon race, sex, color, national origin, age, disability, religions and/or marital status.

National Clinical Certification Exam Fees

1. Funding available once every five years for 50% of costs up to \$500 maximum (LEAP program funds 50% of certification costs).
2. Manager\director approval that it is relevant to their current role.
3. Applicant has complied with all certification requirements, including maintenance of continuing education.
4. Applicant has applied for and received LEAP funding, which provides 50% reimbursement for certification fees.
5. Professional certification has to be recognized by a national professional accreditation board.
6. Applications must be accompanied by a copy of the completed application, proof of certification approval and a copy of a paid receipt for exam fees.

National Clinical Certification Re-testing Exam (retest after first certification attempt resulted in a non-passing status). *Note: Initial National Clinical Certification Exam Fees are funded by the Baptist Health LEAP program.*

In the event the employee is eligible and did not pass the first National Clinical Certification Exam, the Scholarship Committee will consider funding for one exam re-test per candidate based on the following criteria:

1. No more than two years have passed since the original test date.
2. At least 90 days have passed since the previous administration of the exam.
3. The current retest fees are paid in full.
4. Scholarship applications must be accompanied by a copy of the completed exam application, proof of certification approval and a copy of a paid receipt for exam fees.

The Baptist Health Foundation Scholarship Committee reserves the right to review and approve, with exceptions, any request for funding based on individual cases presented.

Selection Process

A review committee will evaluate all applications and make the final selection of scholarship recipients. Those chosen to receive a scholarship will be notified within two (2) weeks of the review. Scholarships will be granted according to the availability of annual scholarship funds. They will be payable to the individual and may be used to pay certification testing fees for certification and retest.

Application Procedures

Candidates for a professional license certification scholarship may download the application form from the Baptist Health Intranet or obtain applications from Baptist Health Foundation at Baptist Health. Candidates are responsible for gathering and submitting all necessary information for the application process. The application must include an official copy of the certification exam application, exam score results, and receipt of payment. The selection committee reserves the right not to process applications found to be incomplete. All information received will be confidential. The completed applications must be submitted, in person, by fax (904.202.2875) or by mail, to the Foundation office at: 836 Prudential Drive Suite 1205, Jacksonville, Florida 32207. Call 904.202.2919 or email foundation@bmcjax.com for additional information.

Financial support for certification is contingent upon availability of funds within the Foundation's Scholarship Fund.

11/20/07

PROFESSIONAL LICENSURE CERTIFICATION SCHOLARSHIP APPLICATION (Certification and Re-Test Exams)

Employee Name _____ Date _____

Employee Number _____ Social Security Number _____

Hospital / Department _____ Dept./NOU _____

Job Title: _____ FT ____ PT ____

Manager/Supervisor: _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____

E-Mail _____

Applied for LEAP Funding Yes No Date Granted: _____ Amount Granted: \$ _____

I am applying for scholarship assistance for:

National Clinical Certification Exam

Re-Test - National Clinical Certification Exam

Date of Initial Certification/Exam _____

Specialty: _____

Exam Date _____

Exam Fees: _____

Approval

I concur that this national clinical certification will contribute to the employee's present job or to a potential future assignment at Baptist Health.

Department Manager/Director _____ Date _____