

**BEACON HEALTH SYSTEM  
CERTIFICATION REIMBURSEMENT APPLICATION**

**INSTRUCTIONS:** Complete Section I - forward to Department Director for approval. Refer to Certification Reimbursement Policy for full details.

**SECTION I – APPLICANT:**

Name \_\_\_\_\_ Assoc.# \_\_\_\_\_ Dept. \_\_\_\_\_

Job Title \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Union \_\_\_\_\_ Non-Union \_\_\_\_\_

Certification Type	Accrediting Organization	Certification Fee	Exam Score	Date Obtained

Describe the certification and how it benefits Beacon Health System and how it relates to your current position. \_\_\_\_\_  
\_\_\_\_\_

**I understand that, if I voluntarily terminate or change my status to one in which there is no eligibility for certification reimbursement, within one (1) year from the date of satisfactorily obtaining the certification, I am obligated to repay all or a pro-rated amount of the reimbursement. I authorize Beacon Health System to deduct the amount paid from my paycheck unless a prior arrangement, in writing, has been made.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II – DEPARTMENT DIRECTOR’S ENDORSEMENT:**

This associate has completed the probationary period and is eligible to receive certification reimbursement.

Department Director’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III – DEADLINE**

The deadline for submitting completed certification forms to Human Resources/Benefits is 30 days following certification notification.

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO ASSOCIATE.**

SECTION IV – FOR HUMAN RESOURCES USE ONLY				
Documentation Attached _____	Date Obtained _____	Amount Paid \$ _____		
Approved _____	Disapproved _____	Calendar Year _____	To Date Paid \$ _____	

## CERTIFICATION REIMBURSEMENT PROGRAM

### I. PROCEDURE – ASSOCIATE:

- a. Ensure that you are qualified to sit for the desired certification through the accrediting school or organization.
- b. Satisfactorily complete all requirements for the certification.
- c. Complete the Certification Reimbursement Application (on attached sheet), attach documentation on the cost of the certification, official certification award, and an original paid receipt for the certification fee.
- d. Submit the complete application to your department director for review and approval.

### II. PROCEDURE – DEPARTMENT:

- a. Review application and if certification is appropriate, sign and date the application packet and forward it to Benefits in Human Resources.
- b. If the certification is not appropriate, please discuss with the associate.

### III. ELIGIBILITY:

Certification Reimbursement will be available to:

- a. Full-time non-bargaining unit associates, assigned to 70 or more hours per pay period and part-time non-bargaining unit associates, assigned to 32 to 69 hours per pay period who have completed 30 days of employment with Beacon Health System. Associates who meet the eligibility will receive up to 100% reimbursement up to a maximum of \$300.00 per calendar year.
- b. Full-time and regular part-time bargaining unit associates, who have completed the probationary period, may receive the amount of certification reimbursement as outlined in the bargaining agreement.

### IV. POLICY GUIDELINES:

- a. Associates will be eligible to receive reimbursement if they are assigned to positions that have a required or preferred certification requirement in their job or position description or if their manager validates it is in Beacon Health Systems best interest for the Associate to have/maintain the designated certification. Associates must be in Active status at time of obtaining certification and submission of reimbursement application.
- b. Reimbursement will be provided only for certifications obtained through recognized and/or accredited schools, associations, or accrediting bodies.
- c. Reimbursement will be provided to cover the cost of the certification fee only.
- d. Reimbursement **will not** be provided for attendance at seminars, conferences, workshops, or classes associated with obtaining the certification. (These funds, if available and approved, will be provided through the department of assignment or tuition reimbursement.)
- e. Deposits, transportation, lodging, parking, or book/supply fees are **not** reimbursable.
- f. Exceptions to the guidelines will be made **ONLY** by the Vice President of Nursing and are only valid for **required** certifications. All exceptions must be signed by the Vice President of Nursing prior to submission to Human Resources/Benefits.