

Thank you for your interest in receiving a stipend to offset costs for a certification. We ask that you make every attempt to complete the following process by June 30, 2021.

Step 1: Complete and email this form to: Peggy Pinkham at mgpinkham@gmail.com

Step 2: AFTER receiving approval, complete the coursework and/or take the examination. In order to receive reimbursement, you must pass the exam and provide proof of passing.

Step 3: Once Step 2 is complete, submit your receipts to Peggy by email. This process should be completed by June 30, 2021.

Step 4: Peggy will forward all materials to the New England Rural Health Association and a payment will be sent to the individual or institution identified below.

Applicant Information						
Name:	Email:					
Current Employer:						
Certification Selection						
Briefly explain how you and your organization will benefit from you receiving this certification.						
CPPS (Certified Professional in Patient Safety)	CPHRM (Certified Professional in Healthcare Risk Management)	Profes	PHQ (Certified ssional in hcare Quality	CIC (0 in Infection Prevention Control)		Other (Please describe below)
Reimbursement Information						
Total Reimbursement Amount	\$					
Make check payable to:						
Full mailing address to send check:						
Contact name:			Contact email:			
Approved By:	Date submitted by State Contact for reimbursement:					