



**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, 2023.**

**Step 1: Complete and email this form to: Ronnie at ronnie.rom@state.ma.us**

**Step 2: AFTER receiving approval complete the coursework and/or take the examination.**

**Step 3: Once Step 2 is complete, submit your receipts to Ronnie by email. This process should be completed by June 30, 2023.**

**Step 4: Ronnie will forward all materials to the New England Rural Health Association and a payment will be sent.**

## 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)

\_\_\_ CPHQ (Certified Professional in Healthcare Quality)

\_\_\_ CIC (Certified in Infection Prevention and 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: