

SPECIALTY CERTIFICATION – Application Form

Awarded through the generosity of the Diana Davis Spencer Foundation

Submit your application by June 15, 2022 -

<u>Certification exams must be completed by July 31,</u>
2022

NAME:	DATE:
PEOPLESOFT ID NO.:	WORK LOCATION:
CURRENT POSITION:	
CURRENT HRS PER WEEK AND SHIFT (Participants must work 20+ hours/week):	
NURSING CERTIFICATION PROGRAM:	
DESCRIBE HOW THIS SPECIALIZATION WILL SUPPORT YOUR PRACTICE AT SRN:	
DATE OF THE CERTIFICATION TEST YOU PLAN TO TAKE:	
COST OF THE TEST:	will be reimbursed upon successful completion)
APPLICANT'S PLAN FOR TEST PREPARATION (COURSES, EDUCATIONAL MATERIAL, WEBINAR, PREVIOUSLY CERTIFIED, ETC):	
Manager approval – signature required:	
(Manager signa	ature) (Date)
Submit form to: Lynne Brady Wagner, Chief Learning Officer, Spaulding Rehabilitation Hospital;	
617-952-5442 or lbradywagner@partners.org	