



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, 2024.

Step 1: Complete and email this form to: Karen.M.Maloney@dhhs.nh.gov. PLEASE NOTE: All of the requested information below is required to be filled out for your application to be approved.

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

Step 3: Once Step 2 is complete, submit your receipts to Karen by email. This process should be completed by June 30, 2024.

Step 4: Karen 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: